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Right of peoples to self-determination

Right of peoples to self-determination

Report of the Secretary-General**

Summary

In its resolution 57/197 of 18 December 2002, the General Assembly, inter alia, requested the Commission on Human Rights to continue to give special attention to the violation of human rights, especially the right to self-determination, resulting from foreign military intervention, aggression or occupation, and requested the Secretary-General to report on this question to the General Assembly at its fifty-eighth session under the item "Right of peoples to self-determination".

* A/58/150.

** The present report was submitted five days beyond the deadline of 18 July in order to finalize internal consultations on the material to be included in it.

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I. Introduction

1. On 22 May 2003, the Secretary-General addressed a note verbale to all Governments drawing their attention to resolution 57/197 and requesting them to submit any pertinent information relating to it.

2. To date, the Office of the United Nations High Commissioner for Human Rights has received one reply in response to the above note of the Secretary-General.

3. The present report contains a summary of the reply received as well as an account of the consideration of the issue "The right of peoples to self-determination and its application to peoples under colonial or alien domination or foreign occupation" at the fifty-ninth session of the Commission on Human Rights.

II. Reply of the Government of Georgia

4. On 30 June 2003, information provided by the Office of the Deputy Secretary of the National Security Council of Georgia on Human Rights Issues was transmitted to the Office of the United Nations High Commissioner for Human Rights. The reply stated, inter alia, that the constitution and legislation of Georgia confirmed the country's territorial integrity and the inviolability of its State borders. Under the constitution, questions of local importance to Georgian citizens were settled through local self-government, without undermining the sovereignty of the State. Once the necessary conditions had been established throughout the national territory and once local self-government bodies had been set up, a bicameral Parliament, consisting of the Council of the Republic and the Senate, is to be established. The Council of the Republic is composed of deputies elected on the basis of a proportional system. The Senate is composed of members from Abkhazia, the Ajar Autonomous Republic and other territorial entities within the country as well as five senators appointed by the President of the country (see article 4 of the constitution). The entry into force of article 4 had been impeded by the lack of a settlement of the conflict in Abkhazia and the Tskhinvali region (the former South Ossetian Autonomous Region). After debates in March 2000 and October 2002, Parliament constitutionally defined Ajara and Abkhazia as autonomous republics within the State of Georgia and corresponding amendments were made to the constitution. The most difficult and painful problem Georgia faced in nation-building continued to be the failure to restore the country's territorial integrity. The leaders of the self-proclaimed "republics" of Abkhazia and South Ossetia invoked the right to self-determination in their aspirations to separate. Contemporary international law, while recognizing the right to self-determination as applying both to existing States and to minorities within such States, nevertheless repudiated the right of such peoples to secede unilaterally without taking the will of the whole State into account. Throughout the conflicts in Georgia, the international community had consistently supported the principle of the country's territorial integrity and sovereignty. In the case of Abkhazia, that support had been expressed in all resolutions of the Security Council since 1993. The Organization for Security and Cooperation in Europe (OSCE) and the Commonwealth of Independent States (CIS) had also supported Georgia's territorial integrity and sovereignty. A settlement of the conflict concerning Abkhazia could be obtained by determining the region's political status as part of a united Georgia and by repatriating displaced persons. The

Georgian side and the international community were making efforts towards this end, however, the Abkhaz side was prepared to discuss only one question, that of possible relations between two equal and sovereign States, Abkhazia and Georgia. The situation in Abkhazia was more complex than the conflict in the Tskhinvali region. Talks between the Georgian and Ossetian sides aimed at settling that conflict had been more or less regular and international organizations had been involved in the process. Georgia attached priority to settling internal conflicts through peaceful means.

III. Fifty-ninth session of the Commission on Human Rights

5. During its fifty-ninth session, under agenda item 5, the Commission on Human Rights discussed "The right of peoples to self-determination and its application to peoples under colonial or alien domination or foreign occupation". Three resolutions were adopted by the Commission under item 5: resolution 2003/1 on the "Question of Western Sahara"; resolution 2003/2 on "The use of mercenaries as a means of violating human rights and impeding the exercise of the right of peoples to self-determination"; and resolution 2003/3 on the "Situation in Occupied Palestine".

6. Resolution 2003/1 reaffirmed the inalienable right of all peoples to self-determination and independence and recalled Security Council resolutions 658 (1990) and 690 (1991), which approved the settlement plan for Western Sahara. It noted that, despite the progress achieved, difficulties remained in the implementation of the settlement plan. The resolution urged the two parties to implement the agreements reached between Morocco and the Frente Popular para la Liberación de Saguia el-Hamra y de Río de Oro for the implementation of the settlement plan during their private talks with the Personal Envoy of the Secretary-General as well as the Secretary-General's package of measures relating to the identification of voters and the appeals process. Resolution 2003/1 reaffirmed the responsibility of the United Nations towards the people of Western Sahara and reiterated support for efforts to organize and supervise a referendum for self-determination of the people of Western Sahara in conformity with resolutions 658 (1990) and 690 (1991).

7. Resolution 2003/2, on "The use of mercenaries as a means of violating human rights and impeding the exercise of the right of peoples to self-determination", expressed the conviction that mercenaries or mercenary-related activities were a threat to peace, security and the self-determination of peoples and an obstacle to the enjoyment of human rights by peoples. The Commission welcomed the report of the Special Rapporteur on the question of the use of mercenaries as a means of impeding the exercise of the right of peoples to self-determination and requested the Office of the High Commissioner to publicize the adverse effects of mercenary activities on the right of peoples to self-determination and to assist affected States as requested.

8. Resolution 2003/3 on the "Situation in Occupied Palestine" reaffirmed the inalienable, permanent and unqualified right of the Palestinian people to self-determination, including their right to establish their sovereign and independent Palestinian State, and looked forward to the early fulfilment of that right.

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Human rights questions: human rights questions, including alternative approaches for improving the effective enjoyment of human rights and fundamental freedoms

Progress of efforts to ensure the full recognition and enjoyment of the human rights of persons with disabilities

Report of the Secretary-General

Summary

In its resolution 2002/61, the Commission on Human Rights requested the Secretary-General to report annually to the General Assembly on the progress of efforts to ensure the full recognition and enjoyment of the human rights of persons with disabilities. The Commission's resolution was endorsed by the Economic and Social Council in its decision 2002/265 of 25 April 2002.

The present report focuses on the issue of procedural safeguards for persons with mental disabilities. It analyses briefly the key international human rights instruments relating to persons with mental disabilities, with a view to identifying the main substantive standards and procedural guarantees applicable with regard to persons with intellectual and psychiatric disabilities. In particular, the report considers such issues as legal capacity, involuntary institutionalization and involuntary or forced treatment, and reviews the way in which these international standards are transposed into domestic legislation.

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I. Introduction

A. Mandate contained in Commission on Human Rights resolution 2002/61

1. The present report is submitted in accordance with Commission on Human Rights resolution 2002/61 of 25 April 2002,[1] in which the Commission requested the Secretary-General to report annually to the General Assembly on the progress of efforts to ensure the full recognition and enjoyment of the human rights of persons with disabilities.

2. Several reports are submitted every year to different organs (General Assembly, Economic and Social Council) and subsidiary bodies (Commission on Human Rights, Commission for Social Development) of the United Nations on the issue of disability. In order to avoid duplication, the present report focuses on the protection afforded by international human rights law to persons with mental disabilities.[2] The need to fill this information gap has been highlighted by the Special Rapporteur on Disability of the Commission for Social Development (E/CN.5/2002/4).

3. In its resolution 56/168 of 19 December 2001, the General Assembly established an Ad Hoc Committee to consider proposals for a comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities. Following the first session of the Ad Hoc Committee, the General Assembly, in its resolution 57/229 of 18 December 2002, requested the Secretary-General to seek the views of relevant bodies and organizations of the United Nations system on proposals for a convention including, inter alia, questions relating to its nature and structure and the elements to be considered. By focusing on a particular issue not fully considered in the past, the present report also aims at contributing to the discussions concerning the proposed new convention on the human rights of persons with disabilities.

B. Structure of the report

4. The present report focuses on the issue of procedural safeguards for persons with mental disabilities and aims at clarifying the protection afforded to them under international human rights law. In particular, the report analyses such issues as (a) legal capacity and arrangements for guardianship; (b) involuntary institutionalization; and (c) involuntary or forced treatment. In the report, the term "mental disability" (or "mental illness") is used in its broadest possible sense, so as to include persons with intellectual and psychiatric disabilities. The term "mental disability" is also used to refer to individuals with no disability, who are nevertheless subject to discrimination on the perception that they have a mental illness, and individuals with a background of past treatment or hospitalization as patients with a mental disability.

5. The report does not aim to be an exhaustive analysis of human rights law as it relates to persons with mental disabilities. Therefore, such issues as protection from inhuman and degrading treatment (including protection from harm, unjustified medication and abuse of physical restraint and involuntary seclusion, the right to be treated in the least restrictive environment, the use of psychosurgery and other

intrusive and irreversible treatment for mental illness without obtaining informed consent), sexual exploitation, sterilization, access to mental health care and rehabilitation, and non-discrimination — although of extreme importance for ensuring the equal effective enjoyment of all human rights by persons with mental disabilities and closely linked with the need for procedural safeguards — are not considered on this occasion.

6. In order to solicit information on national legislation and practice relating to persons with mental disabilities, the Secretary-General distributed a questionnaire to States, relevant bodies and organizations of the United Nations system and national human rights institutions. Replies were received from the following States: Argentina, Armenia, Belize, Costa Rica, Croatia, Guatemala, Lebanon, Mexico, Morocco, Netherlands, Norway, Panama, Serbia and Montenegro, Spain, Sweden and United Kingdom of Great Britain and Northern Ireland. The United Nations Economic and Social Commission for Asia and the Pacific, the Economic and Social Commission for Western Asia and the World Health Organization submitted a contribution. The following national human rights institutions and commissions also provided information: the Human Rights Commission of Fiji; the National Commission for Human Rights of the Hellenic Republic; the Hong Kong Equal Opportunities Commission; the Islamic Human Rights Commission of the Islamic Republic of Iran; the National Human Rights Commission of Mauritius; the National Human Rights Commission of Mexico; the National Human Rights Commission of Mongolia; the National Human Rights Commission of Rwanda; the Disability Ombudsman of Sweden; and the *Defensoría del Pueblo* of Venezuela.

7. Section II of the report reviews briefly the key international human rights instruments, with a view to identifying the main substantive standards and procedural guarantees relating to persons with intellectual and psychiatric disabilities. Section III considers the issue of legal capacity and analyses the procedural safeguards existing under international law to protect individuals against possible improper uses of guardianship. Section IV deals with the issue of involuntary or forced institutionalization and highlights the principles of international human rights law which should govern admission to mental health facilities. Section V considers the substantive and procedural standards applicable in the context of treatment, with a particular emphasis on the human rights requirements for informed consent. Finally, section VI contains some concluding remarks and recommendations.

II. Human rights and disability: overview of the main international human rights instruments applicable for persons with mental disabilities

8. Despite the lack of United Nations human rights treaties specifically addressing the special concerns of individuals with mental disabilities, it is clear that this group of individuals is entitled to the same protection that human rights law affords in general to all persons. The Universal Declaration of Human Rights, in articles 1 and 2, states that all human beings are born free and equal in dignity and rights and are entitled to all the rights and freedoms set forth in the Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Although disability is not explicitly mentioned among the prohibited grounds for discrimination, it is included in the concept of "other status" and is therefore one of the prohibited grounds of distinction.

9. Like the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights (article 2 (1)) and the International Covenant on Economic, Social and Cultural Rights (article 2 (2)) include specific provisions relating to non-discrimination, and provide persons with mental disabilities with the right to liberty and security of person, to fair trial and to recognition everywhere as a person before the law, and the right to the highest attainable standard of physical and mental health, to education and to work, respectively. The Committee on Economic, Social and Cultural Rights adopted General Comment No. 5 (1994) on persons with disabilities, which spells out the relevance of economic, social and cultural rights in the context of disability. In addition to the two Covenants, which, along with the Universal Declaration, form the International Bill of Rights, other core United Nations human rights treaties are of relevance in promoting and protecting the rights of persons with mental disabilities.[3]

10. While most United Nations human rights treaties do not refer explicitly to persons with disabilities, other human rights instruments, such as declarations and resolutions adopted by international bodies, have set out agreed standards protecting this group of individuals.[4] In particular, the General Assembly adopted two instruments specifically aimed at protecting and promoting the human rights of persons with mental disabilities, namely the Declaration on the Rights of Mentally Retarded Persons (resolution 2856 (XXVI) of 20 December 1971) and the Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care (resolution 46/119, annex, of 17 December 1991).

11. As its inappropriate terminology shows, the Declaration is in many ways outdated. It reflects an approach to disability commonly referred to as the "medical model", in which persons with disabilities are primarily seen as individuals with medical problems, dependent on social security and welfare and in need of separate services and institutions. Nevertheless, the Declaration shows the first signs of a shift from a "caring" to a "rights-based" approach and contains some important principles for the protection and promotion of the human rights of persons with intellectual disabilities. Significantly, the Declaration begins by stating that such persons enjoy the same human rights as other human beings (para. 1). It then includes a list of rights which are of particular relevance, including the right to proper medical care and education.

12. The Principles set forth minimum human rights standards for persons with mental disabilities, and provide valuable guidance for the implementation of State obligations in the context of mental health facilities. They apply to all persons with an actual or perceived mental illness, whether or not they are admitted to a mental health facility. The Principles state that all persons with a mental disability — or who are being treated as such — shall be protected from discrimination on the grounds of mental illness and are entitled to enjoy the full range of civil, cultural, economic, political and social rights set forth in international human rights instruments. The Principles establish substantive standards and procedural guarantees for involuntary or forced commitment and treatment in psychiatric institutions. They also provide protection against the most serious human rights abuses which may occur in such institutions, such as misuse or inappropriate use of

physical restraint or involuntary seclusion, administration of improper medication as a punishment, sterilization, the use of psychosurgery and other intrusive and irreversible treatment for mental illness without obtaining informed consent.

13. The Principles have served as a model for drafting mental health legislation in several countries, and represent an important instrument for clarifying the content of general human rights law with regard to the particular circumstances and needs of persons with mental illnesses. However, it follows from their very legal nature that they cannot impose the same level of legal obligation upon States as binding and voluntarily accepted treaty obligations. Furthermore, they offer in some cases a lesser degree of protection than that offered by existing human rights treaties, for example with regard to the requirement for prior informed consent to treatment. In this regard, some organizations of persons with disabilities, including the World Network of Users and Survivors of Psychiatry, have called into question the protection afforded by the Principles (and in particular, principles 11 and 16) and their consistency with existing human rights standards in the context of involuntary treatment and detention.[5] The Principles also lack specific provisions requiring the competent judicial authority to adapt guardianship arrangements to the actual capacities of the individual. The sections below provide information on the actual implementation of the relevant international standards at the national level, with a view to identifying those aspects which may be strengthened in the new proposed convention on the human rights of persons with disabilities.

III. Legal capacity

14. Under international human rights law, individuals have the right to be recognized as persons before the law.[6] This right finds its corollary in the principle of autonomy or self-determination, according to which each individual is presumed to be able to make life choices and act independently on the basis of his or her conscience. Individuals with a mental illness may in some circumstances be unable, because of the severity of their condition, to protect their own interests. In those cases, the person may be "incapacitated" and placed under legal guardianship. The function of guardianship is to protect the individual from any danger which his or her mental conditions may cause.[7] International human rights law requires the adoption of substantial and procedural guarantees to prevent improper recourse to, and use of, guardianship arrangements.

15. The right to recognition as a person before the law is often neglected in the context of mental health. The concept of guardianship is frequently used improperly to deprive individuals with an intellectual or psychiatric disability of their legal capacity without any form of procedural safeguards. Thus, persons are deprived of their right to make some of the most important and basic decisions about their life on account of an actual or perceived disability without a fair hearing and/or periodical review by competent judicial authorities. The lack of due process guarantees may expose the individual whose capacity is at stake to several possible forms of abuse. An individual with a limited disability may be considered completely unable to make life choices independently and placed under "plenary guardianship". Furthermore, guardianship may be improperly used to circumvent laws governing admission in mental health institutions, and the lack of a procedure for appealing or automatically reviewing decisions concerning legal incapacity

could then determine the commitment of a person to an institution for life on the basis of an actual or perceived disability.

16. The Principles on mental illness establish substantive standards and procedural guarantees against the improper use of guardianship. Principle 4 states that a determination of mental illness must be made in accordance with internationally accepted medical standards.[8] Principle 1 (6) provides that any decision that, by reason of his or her mental illness, a person lacks legal capacity, and any decision that, in consequence of such incapacity, a personal representative shall be appointed, shall be made only after a fair hearing by an independent and impartial tribunal established by domestic law.[9] The person whose capacity is at issue is entitled to be represented by a counsel. In order to avoid possible conflicts of interest, principle 1 (6) also provides that the counsel shall not in the same proceedings represent a mental health facility or its personnel and shall not also represent a member of the family of the person whose capacity is at issue. The decision concerning capacity and the need for a personal representative must be reviewed at reasonable intervals prescribed by domestic law and the person whose capacity is at issue, his or her personal representative, if any, and any other interested person have the right to appeal this decision to a higher court.

17. According to principle 1 (7), a person can be deprived of his or her legal capacity only where a court or other competent tribunal finds that a person is unable, due to his or her mental conditions, to manage his or her own affairs. In that case, measures shall be taken, so far as is necessary and appropriate to that person's condition, to ensure the protection of his or her interests. The Principles do not provide any element to evaluate whether the measures concerning the denial or restriction of legal capacity adopted by the tribunal are "necessary" and "appropriate". However, the right to be recognized as a person before the law and the principle of proportionality seem to suggest that any restriction on a person's right must be based on a specific finding that the individual lacks the capacity to make decisions by himself or herself with regard to that specific activity. Consequently, the court's decision should ascertain that the limitation of the individual's capacity is strictly necessary to protect the rights of the person whose capacity is at issue and specify exactly what powers the guardian has and what legal capacity the person retains. Outside those cases, the placement of persons with mental illness under plenary guardianship could constitute a violation of the right to be recognized as a person before the law and, insofar as it denies people with mental disabilities the ability to exercise the same rights as all other persons, also constitutes illegal discrimination under article 26 of the International Covenant on Civil and Political Rights (equality before the law).

18. From the submissions received, it appears that, in general, a person can be deprived of his or her legal capacity when she or he is totally or partially unable to take care of his or her affairs on his or her own, owing to a psychiatric or mental disorder. In some countries, persons with a sensorial impairment who have not received a proper education are deemed incapable of taking decisions concerning themselves.[10] The application is usually submitted by a spouse, next of kin or the public prosecutor.

19. In most of the responding countries, the decision on legal capacity is taken by the competent civil court, usually on the basis of the views of a mental health practitioner.[11] An exception is represented by the Netherlands, where the decision on

capacity is taken by a care provider in consultation with the members of his or her team, and usually after having heard the opinion of an independent physician. In Hong Kong SAR, the appointment of a guardian is decided by the Guardianship Board, which is composed of experts in different disciplines. While the case is being heard, the judge can, in some cases, adopt interim measures, including the appointment of a provisional guardian, to protect on a temporary basis the interests of the person concerned.[12] The person whose capacity is at stake is represented by his or her legal representative or provisional guardian; in some cases, she or he can participate and be heard at the capacity hearing.[13] In Venezuela, such participation is required for the validity of the proceedings.

20. Courts can usually choose among different guardianship arrangements. In most countries, the legislation provides two kinds of guardianship arrangements: "full guardianship", an arrangement for those situations in which the person concerned is deemed completely unable to act independently, and partial guardianship", a less restrictive arrangement, in which the judge must specify the acts that the person concerned may carry out independently and those for which the assistance of a guardian is required. In some Spanish-speaking countries,[14] for example, the legislation distinguishes between *tutela* (full guardianship) and *curatela* (partial guardianship). In a few countries, the courts may choose among a wider list of options. Under article 1679 of the Greek Civil Code, for example, the judge may adapt the two existing forms of guardianship ("privative judicial support", which corresponds to full guardianship, "auxiliary judicial support") to the particular circumstances of the case (so-called "combined judicial support"), and indicate the legal acts that the persons may carry out on his or her own and those for which she or he requires the guardian's approval. In the Netherlands, the court may choose among the appointment of a guardian (the most far-reaching protective measure), an administrator or a tutor.

21. In most countries, the consequences of the determination of legal incapacity depend on the form of representation chosen by the court. In general terms, persons subject to full guardianship cannot perform any legal act by themselves and must be assisted at all times by their guardians (although they may retain the capacity to carry out independently some legal acts belonging to the sphere of family law, such as the testamentary capacity[15] or the capacity to get married),[16] whereas persons subject to partial guardianship retain their legal capacity for those acts which have not expressly been attributed to the guardian. In Sweden, a person for whom a guardian is appointed loses the right to decide only on the matter(s) covered by the guardianship decision, but in all other respects retains his or her legal competence; a person for whom a conservator is appointed retains instead full legal competence. In the United Kingdom, there are different approaches to testing capacity and different definitions of capacity, most of which are set out in case law rather than in statute. A new single definition of capacity, called "functional test", is currently under discussion. It would allow for cases in which the individual is able to make some decisions, but is unable to understand the implications of others, thus ensuring that they are not excluded from making decisions that they are capable of making.

22. The submissions received indicate that, in the countries concerned, the decisions concerning capacity may usually be appealed to a higher court. In some countries, an appeal may also be lodged with other authorities. In the Netherlands, for instance, the decision on capacity may ultimately be reviewed by a complaints committee, the Medical Disciplinary Board or the ordinary courts. In Sweden, an

appeal can be lodged with the chief guardian, whose function is to supervise the administration work carried out by guardians and conservators, or with the district court; in the former case, an appeal against decisions of the chief guardian may be made to the district court. Where a national human rights commission or institution exists, complaints may also be lodged with it.[17] In most of the replies received, there is no reference to any requirement for a periodic review of decisions concerning legal capacity and guardianship arrangements. In Mauritius, there is a constant supervision by the *Ministère Public* and a person may cease to be legally incapacitated if she or he has been treated and has recovered his/her sanity.[18]

IV. Involuntary and forced institutionalization

23. Article 9 (1) of the International Covenant on Civil and Political Rights provides that everyone has the right to liberty and security of person. No one shall be subjected to arbitrary arrest or detention. No one shall be deprived of his liberty except on such grounds and in accordance with such procedure as are established by law.[19] This provision is of extreme importance in the context of civil commitment of persons with intellectual or psychiatric disabilities, as it requires that the institutionalization of persons with disabilities in mental health facilities be carried out in accordance with the substantive standards and the procedural guarantees established by national law. In its General Comment No. 8 (1982) on liberty and security of person, the Human Rights Committee pointed out (para. 1) that the protection afforded by article 9 (1) was applicable to all deprivations of liberty, whether in criminal cases or in other cases such as, for example, mental illness. In particular, the Committee recognized that the right to control by a court of the legality of the detention applied to all persons deprived of their liberty, and that States parties had to ensure that an effective remedy was provided in other cases in which an individual claims to be deprived of his liberty in violation of the Covenant.

24. The general protection afforded under article 9 of the Covenant is supplemented by the Principles on mental illness, which set forth substantive criteria and due process protections against improper detention in mental health facilities.

25. With regard to the substantive criteria, the Principles limit involuntary admission to a mental health facility to people who have been diagnosed with a mental illness by a qualified mental health practitioner in accordance with internationally accepted medical standards.[20] A determination of mental illness is a necessary but not sufficient ground for involuntary commitment. Principle 9 provides, in fact, that "every patient shall have the right to be treated in the least restrictive environment" and principle 15 (1) stipulates that where a person needs treatment in a mental health facility, every effort shall be made to avoid involuntary admission. Therefore, a person with a mental illness may be admitted to a psychiatric institution only if one of the two additional criteria referred to in principle 16 (1) are met. According to the first criterion, the person must present a "serious likelihood of immediate or imminent harm" to him or herself or to other persons (principle 16 (1) (a)). Alternatively, a person whose mental illness is severe and whose judgement is impaired may be committed to a psychiatric facility if failure to admit or retain that person is likely to lead to a serious deterioration in his or her condition or will prevent the giving of appropriate treatment that can only be given by admission to a mental health facility in accordance with the principle of the least restrictive alternative (principle 16 (1) (b)).

26. It has been noted that "this second criterion for commitment is much broader than the first, and it creates a risk of opening up psychiatric commitment to anyone who is determined to 'need treatment' "[21] However, the reference to the principle of the least restrictive alternative greatly limits the discretionality of the mental health practitioner, and permits institutionalization only as an *extrema ratio*, that is, only when the person cannot be adequately treated and cared for in the community in which he or she lives (principle 7 (1)). Principle 16 (1) also provides that in the case referred to in subparagraph (b), a second such mental health practitioner, independent of the first, should be consulted, and that if such consultation takes place, the involuntary admission or retention may not take place unless the second mental health practitioner concurs.

27. With regard to procedural guarantees, principle 16 (2) establishes that involuntary admission or retention shall initially be for a short period as specified by domestic law for observation and preliminary treatment pending review of the admission or retention by the review body. The grounds and the fact of the admission must be communicated to the person "without delay", and also communicated "promptly and in detail" to the review body, to the person's personal representative, if any, and, unless the person objects, to his or her family. The review body is a judicial or other independent and impartial body established by domestic law and functioning in accordance with procedures laid down by domestic law. Its function is to review whether the decision to admit or retain a person as an involuntary patient has been taken in accordance with the substantive criteria set forth in principle 16 (1) (principle 17 (1)). In formulating its decision, the review body is assisted by one or more qualified and independent mental health practitioners, who must be independent from the institution seeking the involuntary commitment.

28. The person, his or her personal representative and any interested person have the right to appeal to a higher court against a decision that the person be admitted to, or be retained in, a mental health facility (principle 17 (7)). An involuntary patient may also apply to the review body for release or voluntary status, at reasonable intervals as specified by domestic law (principle 17 (4)). At each review, the review body considers whether the criteria for involuntary admission set out in principle 16 (1) are still satisfied and, if not, the person has to be released. The review body also have the task to review decisions concerning involuntary commitment ex officio, at reasonable intervals as specified by domestic law (principle 17 (3)). Principle 18 contains detailed provisions to ensure that the right of the person subject to civil commitment to a fair process[22] is effective. The person has the right to choose and appoint a counsel to represent him or her in any complaint procedure or appeal. She or he and his or her counsel are entitled to attend, participate and be heard personally in any hearing, and to request and produce independent mental health reports as well as oral, written and other evidence that are relevant and admissible. They also have a right to access to the patient's records.

29. Some of the submissions received provided information on the procedure to be followed in case of involuntary admission of a person with a mental illness in a mental health facility. In general terms, decisions concerning institutionalization can only be adopted by the judicial authority, on the basis of a previous diagnosis of mental illness. In some countries, where commitment to a mental health facility is carried out without the previous intervention of the judicial authority (i.e. in emergency situations, where there is a concrete and imminent threat for the health of

the person or the safety of others), mental health authorities must promptly request a review of this decision by the competent judge.[23] In other countries, however, decisions on compulsory care are taken by medical officers, and only at a later stage subject to the scrutiny of the judicial authority.[24] In Sweden, for example, the decision on compulsory care is taken by the chief medical officer at the department of psychiatric care without the intervention of the court, which is needed only if treatment must be provided for more than four weeks from the decision on admittance.

30. In most of the countries concerned, institutionalization can be requested only when the person presents a danger for him or herself or other persons. In others, civil commitment in a psychiatric institution may also be ordered when the person is in need of treatment.[25] In the latter case, national legislation often provides procedural safeguards, such as the appointment of a special representative for the person (*defensor especial*),[26] aimed at ensuring that admission to psychiatric facilities is not prolonged for more than is necessary for reasons of treatment. In Sweden, compulsory care can only be provided if a person suffers from a serious mental disorder and due to his or her mental condition and personal circumstances has an unavoidable need of psychiatric care, which cannot be provided in any other way than the patient being admitted to a medical institution.[27] In a few cases (Costa Rica, Mexico), a person can be involuntarily admitted as a patient without a previous diagnosis of mental illness, on the sole basis of a certificate issued by a qualified medical doctor stating that treatment is necessary for the patient.

31. The application for involuntary institutionalization is usually lodged by a medical practitioner, the guardian or tutor or the closest relatives of the mentally ill person. In some countries, the application may also be submitted by other persons, such as the public prosecutor (Greece), an approved social worker (Croatia, United Kingdom) or any citizen when the person concerned represents a threat to public security.[28] The decision on institutionalization is usually based upon the written opinion(s) of one[29] or two[30] independent medical doctors or mental health practitioners. In Rwanda, the judge must also seek the views of the Family Council, an institution which protects and promotes the interest of the family and its members. Usually, the court also hears the person concerned. In Venezuela, for example, the absolute legal incapacity (*interdicción*) cannot be decreed without the person concerned having been questioned and four immediate relatives or, in their absence, family friends, having been heard.

32. In most responding countries, decisions on involuntary admission can usually be appealed to the higher court. In others, they are appealed to the same court but decided by a different judge (Croatia, Rwanda). Sometimes, involuntary patients or their representatives can apply to a specific Mental Health Review Tribunal or Commission.[31] Complaints may also be lodged with the national human rights institution or commission, where they exist (Fiji, Mongolia). In Costa Rica, decisions on involuntary commitment may be appealed against before the Constitutional Chamber of the Supreme Court of Justice.[32]

33. Different mechanisms exist for the review of such decisions, with a view to obtaining release. In Argentina, the Ministry for Minors and Persons with Disabilities (*Ministerio de Menores e Incapaces*) and the special representative (*defensor especial*) appointed pursuant to article 482 of the Civil Code[33] verify that institutionalization is limited to the time strictly necessary to ensure the fulfilment

of the therapeutic needs of the person. In some countries, the review of commitment decisions is carried out by medical authorities at the institution, without the involvement of any independent authority.[34] In Fiji, the review is entrusted to the Medical Superintendent and the Ministry of Health. In Greece, the institutionalized person, his or her next of kin and the public prosecutor may apply for the review of the commitment decision, and the court decides, taking account of a report on the patient's state of health prepared by the director of the psychiatric hospital and another State psychiatrist.[35] In Guatemala, the review is carried out by the *Dirección Ejecutiva* of the National Hospital for Mental Health. In Rwanda, the review of commitment decisions is entrusted to the Family Council. In Spain, the review is carried out periodically by the judge on the basis of information provided by the medical authorities. In Sweden, it is carried out by the court four weeks after the initial admittance, and a four-month extension may be granted. For further extension of time, a new decision by the court, granting authorization for at most six months at a time, is needed.

V. Involuntary and forced treatment

34. The right to be recognized as a person before the law, along with the basic human rights principles of dignity and autonomy, endows individuals with the right to make independent life choices on the basis of their conscience. Other rights, such as the right to privacy (article 17 of the International Covenant on Civil and Political Rights) and the right to freedom of thought, conscience and religion (article 18 of the Covenant), may also be relevant in ensuring the effective enjoyment of the right to decide autonomously about one's life. Persons with mental disabilities — and in particular those residing in mental health institutions — are often deprived of this right, on the assumption — sometimes erroneous — that they lack capacity for self-directed action and behaviour. The violation of their right to self-determination may be particularly serious with regard to involuntary or forced treatment, that is, with regard to those situations in which persons with mental disabilities are subjected to medical treatment or scientific experimentation without their prior informed consent.

35. Article 7 of the International Covenant on Civil and Political Rights, which ensures protection from torture or other forms of inhuman or degrading treatment, provides that no one shall be subjected without his free consent to medical or scientific experimentation. The requirement of free and informed consent is commonly alleged to be ignored in the practice of many mental health facilities. In this regard, the Human Rights Committee affirmed that special protection in regard to such experiments is necessary in the case of persons not capable of giving valid consent, and that such persons should not be subjected to any medical or scientific experimentation that may be detrimental to their health.[36] The Committee on Economic, Social and Cultural Rights linked this right to the right to health (article 12 of the International Covenant on Economic, Social and Cultural Rights), stating that the latter includes the right to control one's health and body, including sexual and reproductive freedom, and the right to be free from interference, such as the right to be free from torture, non-consensual medical treatment and experimentation.[37]

36. The Principles on mental illness provide valuable guidance for the interpretation of these human rights in the context of treatment of persons with

mental disabilities. Principle 9 sets out the basic human rights standards with regard to treatment in mental health facilities. Treatment must be directed towards preserving and enhancing the personal autonomy of the patient, and be provided in accordance with applicable standards of ethics for mental health practitioners, including internationally accepted standards. Thus, patients have the right to be treated with the least restrictive or intrusive treatment, and on the basis of an individually prescribed plan, discussed with the patient and reviewed regularly by qualified professional staff. Principle 11 provides persons held in institutions with protection against forced or involuntary treatment. It states that no treatment shall be given to a patient without his or her informed consent. Informed consent is consent obtained freely, without threats or improper inducements, after appropriate disclosure to the patient of adequate and understandable information in a form and language understood by the patient (principle 11 (2)). The person has also the right to refuse or stop treatment, except as provided for in paragraphs 6, 7, 8, 13 and 15 (principle 11 (4)). In this case, the consequences of refusing or stopping treatment must be explained to him or her. The right to informed consent cannot be validly waived.

37. However, the Principles contain several exceptions to the right to informed consent. Principle 11 permits involuntary treatment when an independent authority finds that the person lacks the capacity to give or withhold informed consent or unreasonably withholds such consent, and is satisfied that the proposed plan of treatment is in the best interest of the patient's health needs. For individuals placed under guardianship, the Principles provide that the guardian be fully informed about the treatment and consent to it on the person's behalf (principle 11 (7)). Furthermore, involuntary treatment may also be given if a qualified mental health practitioner authorized by law determines that it is urgently necessary in order to prevent immediate or imminent harm to the patient or to other persons (principle 11 (8)). The Principles also provide exceptions to the principle of informed consent with regard to major medical or surgical procedure and clinical trials and experimental treatment. Principle 11 (13) states that a major medical or surgical procedure carried out on a person unable to give consent can be authorized only after independent review. Similarly, principle 11 (15) states that clinical trials and experimental treatment on persons without their informed consent can be carried out only with the approval of a competent, independent review body specifically constituted for this purpose.[38]

38. Principle 11 provides procedural safeguards against abuse of the exceptions provided in paragraphs 6, 7, 8, 13 and 15. Paragraph 10 provides that all treatment shall be immediately recorded in the patient's medical records, with an indication of whether involuntary or voluntary. The patient's personal records are maintained by the mental health facility, and the person and his or her personal representative and counsel have the right to have access to the information contained in it (principle 19). These provisions aim at facilitating access to information concerning involuntary treatment, with a view to allowing the person, his or her personal representative, or any interested person, to appeal to a judicial or other independent authority concerning any treatment given to him or her.

39. In most of the responding countries, domestic legislation requests that the person, or — when she or he is subject to guardianship — his or her legal representative, be informed of his or her rights and provide informed consent prior to treatment. In some countries, consent to treatment may also be provided by the

next of kin.[39] With some exceptions,[40] persons are usually informed that their consent is necessary for the administration of treatment and can always be withdrawn. In Fiji, decisions regarding treatment of persons in institutions are usually taken by the Medical Superintendent, on the assumption that once admitted the person consents "to all treatments and procedures". Patients and their relatives or guardians are sometimes "informed" of the procedures, but in case of disaccord between them and the Medical Superintendent, the latter's decision will prevail "if the treatment is critical for the patient".[41] In the Netherlands, the legislation expressly recognizes the right to refuse treatment, but the person's consent must be explicitly sought only in the case of major examinations or forms of treatment. In other cases, tacit consent is assumed instead.

40. In all the responding countries the principle of prior informed consent is subject to exceptions, which in some cases are so wide that they risk compromising the applicability of the general rule. Usually, these exceptions include the lack of a legal representative,[42] the need to adopt urgent measures to protect the patient's health[43] or other persons (Croatia, Mongolia), risk for public health (Spain), and the lack of other alternatives (Costa Rica). In the Netherlands, the person may be treated against his or her will or that of his or her representative only insofar as this is absolutely necessary to avert a serious risk to the patient or others arising from mental disorder. In that case, the person's closest relatives must be informed, the Inspectorate notified and the measures registered in the patient's medical records. In the United Kingdom, the common-law principle according to which a valid consent is required before medical treatment can be given is subject to exceptions in statutes. Thus, treatment may be administered without the person's consent when a second opinion from a registered medical practitioner has ascertained that this is necessary in the patient's best interest.

41. The requirement of prior informed consent seems to be applied more strictly in the field of major medical or surgical procedure and medical or scientific experimentations. In a few countries, medical or scientific experimentations on human beings are expressly prohibited by law.[44] In most responding countries, medical trials or research activities cannot be carried out without the person's informed consent. When the person is unable — due to his or her condition — to provide a valid consent, medical experimentations can be carried out only when their guardians have been fully informed about the nature, scope and implications of the project and have consented to it (Costa Rica, Croatia). In the Netherlands, for example, research on persons incapable of a reasonable assessment of their interest — in principle prohibited — can be carried out with the consent of the person's legal representative when the research can only be performed on persons belonging to a specific category and the risks are negligible. In some countries, medical or scientific trials must be also approved by a medical ethics review committee (Croatia, the Netherlands).

42. In the countries that replied to the questionnaire, patients or their legal representatives can usually file a complaint with the competent authority with regard to the treatment received in institutions. In Mongolia, a patient, his or her legal representative or any other interested person have the right to appeal a decision on medical treatment before a court or the national human rights commission. In the Netherlands, people residing in mental health facilities may lodge a complaint before the independent complaints committee which is established in each institution, the Medical Disciplinary Board or the Health Care Inspectorate. In the

United Kingdom, the patient, his or her legal representative or the next of kin can apply to the High Court for a judicial review of the decision concerning treatment, and the Court has the power to adopt interim measures to prevent the treatment taking place. Complaints can also be lodged with the Hospital Trust or the Medical Health Act Commission, a statutory body with authority to investigate complaints made by or on detained persons.

VI. Conclusions and recommendations

43. **One of the major obstacles to the implementation of existing human rights standards for persons with mental disabilities is the lack of specific guidelines on their application. The Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care provide a valuable starting point to clarify the content of general human rights standards with regard to the particular situation of persons with mental disabilities. However, a more detailed analysis of the implementation of State human rights obligations in the context of mental health institutions would be desirable. This clarification could be provided, for example, by the Human Rights Committee in a general comment.**

44. **The protection afforded by the Principles needs to be strengthened in some cases. The language used is in some cases outdated. The term "patient", for example, should be replaced by "person".**

45. **The Principles lack an explicit right to refuse treatment for persons detained in psychiatric facilities. The generous exceptions to this right contained in principle 11 deprive it of real meaning. Psychiatric detention should not mean giving up a person's right to choose his or her medical treatment. This right is firmly established under international human rights law. Limitation of rights concerning treatment decisions should always be subject to judicial review.**

46. **The Principles do not provide any element to evaluate whether the decision on capacity adopted by a court is "necessary" and "appropriate" to protect the interest of the person concerned (principle 1 (7)). Any restriction on a person's right must be based on a specific finding that the individual lacks the capacity to make decisions by him or herself with regard to that specific activity. The court's decision must clearly determine the acts that the person concerned can carry out alone and those for which she or he needs assistance. Full deprivation of legal capacity must only be used as a last resort, when no other alternative exists. The judge should always choose the option which, in accordance with the principles of autonomy and proportionality, best accommodates the needs of the person concerned. Decisions on legal capacity should be subject to automatic review by the competent judicial authority at regular intervals set out by law.**

47. **The criteria set forth in principle 16 (1) for compulsory institutionalization should be reviewed. The serious likelihood of immediate or imminent harm to him or herself may not represent a sufficient reason to justify a measure that infringes dramatically on the enjoyment of several human rights, including the right to liberty and security of person and the right to freedom of movement. The consistency of the second criterion, which refers**

to the person's state of health, with existing human rights standards, should also be analysed. In accordance with the principle of the least restrictive alternative, the decision on involuntary admission should at the very least provide evidence on (a) the risk of serious deterioration in the person's health conditions and (b) the lack of other viable alternatives, such as community-based rehabilitation. The decision on psychiatric commitment should always be subject to judicial review and reconsidered periodically.

48. **Abuses and violation of human rights standards are allegedly common practice in many psychiatric institutions all over the world. Detailed monitoring on the actual implementation of the rights of persons with mental disabilities would be needed to assess respect for such norms in practice. Existing human rights treaty bodies should encourage Governments to provide information on measures adopted in this regard in their periodic report.**

Notes

[1] See *Official Records of the Economic and Social Council, 2002, Supplement No. 3* (E/2002/23), chap. II, sect. A.

[2] The only human rights report entirely devoted to this issue was prepared by a Special Rapporteur to the (then) Sub-Commission on Prevention of Discrimination and Protection of Minorities in 1986 (E.-I. Daes, *Principles, Guidelines and Guarantees for the Protection of Persons Detained on Grounds of Mental Ill-Health or Suffering from Mental Disorder*, E/CN.4/Sub.2/1983/17/Rev.1, United Nations, New York, 1986).

[3] International Convention on the Elimination of All Forms of Racial Discrimination, Convention on the Elimination of All Forms of Discrimination against Women, Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and Convention on the Rights of the Child.

[4] See, for example, the Declaration on the Rights of Disabled Persons (General Assembly resolution 3447 (XXX) of 9 December 1975); the World Programme of Action concerning Disabled Persons (General Assembly resolution 37/52 of 3 December 1982); and the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (General Assembly resolution 48/96 of 20 December 1993).

[5] World Network of Users and Survivors of Psychiatry, *Position Paper on the Principles for the Protection of Persons with Mental Illness*, Vancouver, July 2001, http://www.wnusp.org/docs/positionpaper.html.

[6] Universal Declaration of Human Rights, article 6; International Covenant on Civil and Political Rights, article 16.

[7] See article 5 of the Declaration on the Rights of Mentally Retarded Persons: "The mentally retarded person has a right to a qualified guardian when this is required to protect his personal well-being and interests".

[8] This determination shall never be made on the basis of political, economic or social status, or membership of a cultural, racial or religious group, or any other reason not directly relevant to mental health status. Likewise, family or professional conflict, or non-conformity with moral, social, cultural or political values or religious beliefs prevailing in a person's community, shall never be a determining factor in diagnosing mental illness. A background of past treatment or hospitalization as a patient does not of itself justify any present or future determination of mental illness.

[9] See also article 7 of the Declaration on the Rights of Mentally Retarded Persons.

[10] Argentina, Guatemala and Panama.

[11] Argentina, Armenia, Costa Rica, Croatia, Greece, Islamic Republic of Iran, Mauritius, Mexico and Venezuela.

[12] Argentina, Costa Rica, Croatia, Mauritius, Mexico, Panama and Venezuela.

[13] Armenia, Costa Rica, Greece, Hong Kong SAR, Mauritius, Mexico, Rwanda, Serbia and Montenegro, Spain, Sweden and Venezuela.

[14] Costa Rica, Spain, Panama and Venezuela.

[15] In Fiji, persons with mental disabilities who fulfil the requirements as to testamentary capacity may write a valid will (Wills Act).

[16] In Mauritius, for example, the person lacking legal capacity may get married with the consent of the Court, which has to seek the views of the treating doctor, the person and the destined spouse, as well as the parents, brothers and sisters of the incapacitated person.

[17] See, for instance, article 9 (3) of the Law on the National Human Rights Commission of Mongolia.

[18] National Human Rights Commission of Mauritius, reply to the questionnaire, para. 6.

[19] See also articles 3 and 9 of the Universal Declaration of Human Rights.

[20] Principle 16 (1). On the determination of mental illness, see also principle 4.

[21] E. Rosenthal and C. J. Sundram, *International Human Rights in Mental Health Legislation*, in *New York Law School Journal of International and Comparative Law*, Volume 21, Number 3, 2002, p. 528.

[22] International Covenant on Civil and Political Rights, article 14; see also the Universal Declaration of Human Rights, article 10.

[23] Argentina, Belize, Costa Rica, Croatia, Hong Kong SAR, Netherlands, Serbia and Montenegro and Spain.

[24] Armenia, Islamic Republic of Iran, Norway and Sweden.

[25] Croatia, Fiji, Greece, Hong Kong SAR, Mauritius, Norway, Rwanda, Sweden, United Kingdom and Venezuela.

[26] Article 482 of the Argentine Civil Code.

[27] Compulsory Mental Care Act, 1991, section 3.

[28] Article 114 of the Argentine Civil Code.

[29] Croatia, Guatemala, Mauritius, Mongolia, Netherlands, Rwanda and Venezuela.

[30] Argentina, Belize, Fiji, Hong Kong SAR, Greece, Serbia and Montenegro, Sweden and United Kingdom.

[31] Hong Kong SAR, Mauritius and United Kingdom.

[32] Article 5 of Law No. 7135 of 11 October 1989 (*Ley de la Jurisdicción Constitucional*).

[33] See supra, footnote 29.

[34] Costa Rica, Mexico and Norway.

[35] Greece: article 99 of Law 2071/1992.

[36] Human Rights Committee, General Comment No. 20 (1992) on prohibition of torture and cruel treatment or punishment, para. 7.

[37] Committee on Economic, Social and Cultural Rights, General Comment No. 14 (*The right to the highest attainable standard of health*), 2000, para. 8.

[38] On the contrary, principle 11 (14) affirms that psychosurgery and other intrusive and irreversible treatments for mental illness can be carried out only where the patient has given informed consent and an independent external body has satisfied itself that there is genuine informed consent and that the treatment best serves the health needs of the patient.

[39] Argentina, Greece and Norway.

[40] Fiji, Guatemala and Mauritius.

[41] Fiji Human Rights Commission, Reply to the questionnaire, p. 8.

[42] Costa Rica, Fiji, Hong Kong SAR, Mongolia, Spain and Venezuela.

[43] Croatia, Hong Kong SAR, Mexico, Mongolia, Netherlands, Spain, United Kingdom and Venezuela.

[44] Argentina, Armenia, Guatemala, Mexico and Panama.

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International Decade for a Culture of Peace and Non-Violence for the Children of the World, 2001-2010

Note by the Secretary-General**

The Secretary-General hereby transmits to the members of the General Assembly the report of the Director-General of the United Nations Educational, Scientific and Cultural Organization, in accordance with General Assembly resolution 57/6 of 4 November 2002.

Summary

The present report, prepared by the United Nations Educational, Scientific and Cultural Organization, is submitted in accordance with General Assembly resolution 57/6 of 4 November 2002, entitled "International Decade for a Culture of Peace and Non-Violence for the Children of the World, 2001-2010". It follows three reports of the Secretary-General (A/55/377, A/56/349 and A/57/186 and Add.1), which provide the overall strategy for the implementation of the Programme of Action on a Culture of Peace (General Assembly resolution 53/243 B) and the International Decade.

* A/58/150.
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I. Introduction

1. Now more than ever, efforts must be strengthened to reinforce the commitment of nations and civil societies to a culture of peace. The terrorist attacks of 11 September 2001 and the events in Iraq this year have once again focused the attention of the international community on the manifold threats posed by acts of violence not simply to human security, but to the very principles and values of the Charter of the United Nations. In response to recommendations 10 and 21, contained in the report of the Secretary-General's Policy Working Group on the United Nations and Terrorism (A/57/273, annex), the United Nations Educational, Scientific and Cultural Organization (UNESCO) identified in a position paper presented during the United Nations Inter-agency Meeting, held on 26 and 27 February 2003, five key areas which are of relevant importance to answer these new challenges: revision and development of textbooks and teaching materials, and related teacher training, ethics of science and technology, culture of peace, human rights education and education for non-violence and peaceful resolution of conflict, media education and freedom of expression, dialogue among cultures and civilizations and protection of cultural diversity. Each of these areas figures among the eight domains of action for a culture of peace and should be given particular attention for the implementation of the International Decade for a Culture of Peace and Non-Violence for the Children of the World.

II. Implementation of the Programme of Action on a Culture of Peace

2. The present section presents examples of activities carried out by UNESCO, as the lead agency for the Decade, with the participation of other United Nations bodies, Governments and civil society. It also contains an overview of the activities implemented by the United Nations Children's Fund (UNICEF) and the University for Peace, pursuant to resolution 57/6. These activities are presented in eight sections, corresponding to the eight areas of the Programme of Action.

A. Actions to foster a culture of peace through education

3. Education is key in all efforts to counteract intolerance and violence and to foster a culture of peace. In this context, the promotion of quality education, focused not only on cognitive understanding and development, but also on the social and other dimensions of learning, is a salient issue. For UNESCO, quality education should include dimensions such as education for sustainable development, education for peace, human rights and democracy, the regular revision of curricula and learning materials in order to better address the growing complexity of societies and a broader attention to the needs and challenges related to teacher education.

4. Peace education-related activities in UNICEF are guided by the Millennium Development Goals and by human rights principles, such as those from the Convention on the Rights of the Child, namely the best interests of the child, non-discrimination and the right of the child to participate and be listened to. In UNICEF, peace education is defined as the process of promoting the knowledge, skills, attitudes and values needed to bring about behaviour changes that will enable

children, youth and adults to prevent conflict and violence, both overt and structural; to resolve conflict peacefully; and to create the conditions conducive to peace, whether at an interpersonal, intergroup, national or international level.

UNESCO-supported culture of peace education activities

5. UNESCO continues to put emphasis on activities aimed at fostering a culture of peace through education. Concerning textbook revision and the production of learning materials, activities included the promotion of textbook revision to foster international understanding and tolerance by bringing together 60 experts at a meeting on "Textbooks and learning materials: components of quality education that can foster peace, human rights, mutual understanding and dialogue", held in Paris in December 2002. An international seminar on "School violence: education and culture for peace" was organized in partnership with the United Nations Development Programme (UNDP) and the Catholic University of Brasilia, in November 2002. A subregional workshop on "The integration of human rights, peace and democracy education in national plans of education" was held in Banjul in June 2002, with the participation of experts from eight West African countries. A "Teachers Guide to Peace Education" has been launched in both the Indian and Sri Lankan Parliaments. This initiative is expected to be tested first in the South Asian countries and then globalized at the international level as a peace education tool.

6. *Education in emergencies and reconstruction.* UNESCO developed a programme of research, training and capacity-building on "Education in emergencies and reconstruction", for ministries of education and agencies assisting them in developing countries. The programme consists of country case studies of educational planning and management during emergencies and reconstruction (Burundi, Honduras, Kosovo, Palestine, Rwanda, Sierra Leone, Sudan and Timor-Leste); thematic policy studies on integration of youth at risk, post-conflict; coordination of education in emergencies and reconstruction; teacher management in emergencies; validation and certification of pupil attainments in emergencies, a guidebook for ministry of education officials and agencies, assisting them in educational planning and management during emergencies and reconstruction. Support and technical assistance was provided to several countries in crisis and reconstruction, including support for the Government of the Congo in the technical preparation of the états généraux de l'éducation. A regional programme for the reintegration of young people affected by armed conflicts in Africa, involving the Democratic Republic of the Congo, Rwanda and the Great Lakes countries, was initiated with the support of the Government of Belgium and the World Bank. Priority emergency education projects for 2003 were prepared for Chechnya, Angola, the Sudan, Iraq and Côte d'Ivoire.

7. *UNESCO Prize for Peace Education.* The UNESCO Prize for Peace Education aims at promoting all forms of action designed to construct the defences of peace in the minds of men by rewarding a particularly outstanding example of activity designed to alert public opinion and mobilize the conscience of humanity in the cause of peace, in conformity with the Constitution of UNESCO and the Charter of the United Nations. The 2003 Prize was awarded to Father Emile Shoufani (Israel) in recognition of his ceaseless effort to bring Arabs and Jews closer together. An honourable mention was awarded to Yolande Mukagasana (Rwanda/Belgium) in recognition of her contribution to a culture of peace by bearing personal witness to the genocide perpetrated in Rwanda in 1994.

8. UNESCO provides technical assistance to its member States in mainstreaming a culture of peace into their national education systems (both formal and non-formal). This is being done through a number of operational projects focusing on: (i) training of teachers; (ii) production of appropriate educational materials; and (iii) revision of curriculum. Several activities are being carried out in Albania, Cambodia, Jamaica, Senegal — in collaboration with UNICEF — Niger and Chad — jointly with the Danish Agency for Development Assistance — and Pakistan. The main thrust of such projects is that they are implemented on the spot using local expertise and with the active participation of local communities and national NGOs.

UNICEF-supported peace education activities

9. The year 2002 was the first of a four-year medium-term strategic plan to focus the UNICEF corporate plan around five organizational priorities: girls' education; integrated early childhood development; immunization "plus"; fighting HIV/AIDS; and improved protection of children from violence, exploitation, abuse and discrimination. The plan provides the framework for all UNICEF actions throughout the life cycle of the child to promote the achievement of results for children based on a human rights approach to programming.

10. The Fund's peace education-related activities form an integral part of a comprehensive approach to fulfilling the right to quality education for all children. One of the major obstacles to achieving that goal is gender-based discrimination. The majority of the out-of-school children are girls. Ensuring education for girls is a right in itself and is also central to the fulfilment of many other rights and developmental outcomes for the child and future generations of children. It also implies eliminating all forms of gender-based discrimination, against boys and girls, so that all children have equal opportunities to develop their full potential.

11. There are five key dimensions of quality education that guide UNICEF programming: learners; content; processes; environment; and outcomes. Peace education is helping to establish quality child-friendly learning environments that are rights-based, gender-sensitive, healthy and safe for children, protective of them and successful in helping them to learn. Through peace-minded quality education, children and young people are empowered to participate in bringing about constructive change, both locally and globally. A UNICEF paper on the quality framework for education in emergencies with a focus on peace and life skills-based education is forthcoming. From peace-minded quality education come learners who have acquired literacy, numeracy and important life skills, such as critical thinking, decision-making, communication, negotiation, conflict resolution, coping and self-management, which can be applied to specific contexts, including peace-building, violence prevention, hygiene and sanitation, health and nutrition practices, HIV/AIDS prevention and environmental protection.

12. It is the Fund's position that peace education has a place in all societies — not only in countries undergoing armed conflict or emergencies. Because lasting behaviour change in children and adults only occurs over time, effective peace education is necessarily a long-term process, not a short-term intervention. While often based in schools and other learning environments, peace education should ideally involve the entire community. In 2002, UNICEF continued to support the implementation of the following peace education-related activities. Furthermore,

examples of field-based approaches referenced in the 2002 Country Office Annual Reports are available on the following web site: http://www3.unesco.org/iycp/uk/uk_tb_national_articles.asp?CodeContact=24020.

13. *Initiation of a global strategy on safety and security in schools from a gender perspective.* Within the context of the United Nations global study on violence against children, UNICEF is focusing on child-friendly learning environments in order critically to examine issues of girls' education and human security in schools. Preliminary consultations have taken place with a view to holding an international seminar on safety and security at the end of 2003, a global knowledge sweep on gender-based violence in schools is under way and case studies are under discussion. It is anticipated that the processes will help to inform future research, policy development and UNICEF programmatic action at the country level.

14. *Supporting peace education and education for conflict resolution initiatives at the country level.* Initiatives are being implemented in more than 20 countries, which target formal as well as informal education. They cover a wide range of activities, including learning-through-playing opportunities, peer mediation for conflict resolution, campaigns for peaceful coexistence, use of theatre and other performance art to raise awareness of the issues, child-friendly schools/community initiatives, capacity-building to promote democratic youth leadership, training of child broadcasters and parents' education for conflict mediation and non-violence.

15. *Supporting development of country-based educational materials, curricula and teaching manuals for peace education and education for conflict resolution.* This is being done in cooperation with government institutions, local and international non-governmental organizations (NGOs) and other United Nations agencies (e.g. UNESCO). These materials are used to help children develop skills in problem-solving, negotiation, critical thinking and communication that will enable them to resolve conflicts without resorting to violence.

16. *Sport for development.* UNICEF has co-chaired the Inter-agency Task Force on Sport for Development and Peace. Since October 2002, the participating agencies have worked together to explore the use of sport within the United Nations system, to share experiences and to generate practical recommendations and proposals. A report containing the findings from this collaboration was prepared and presented to the Secretary-General. It recommends that sport should be incorporated as a useful tool in programmes for development and peace, and that communications-based activities using sport should focus on well-targeted advocacy and social mobilization, particularly at the local and national levels. The use of partnerships is also strongly recommended.

17. *Peace and disarmament education.* The project "Disarming Children and Youth: Raising Awareness and Addressing the Impact of Small Arms" is being implemented. Supported by the United Nations Foundation/United Nations Fund for International Partnerships, this project has been undertaken in Kosovo, Somalia, South Sudan and Tajikistan. The objective is to initiate change in the attitudes and behaviour of children, their families and communities to oppose the use of small arms. The strategy is to develop children's skills for conflict resolution, offer alternative behaviours to youth and build pressure for changes in public policy through youth involvement in peace-building at the community and national levels.

18. *Life skills-based education for peace education and the environment in southern Sudan (Operation Lifeline Sudan).* Life skills-based education modules for peace education and the environment are currently under development, following the successful development and testing of HIV/AIDS prevention and health/sanitation materials in 2002. These new modules provide information and activities which will help mentors and learners to develop knowledge, attitudes and skills for landmine safety, conflict resolution, peace-building and the promotion of human rights. The life skills-based education programme goes beyond the focus on curriculum alone and utilizes a comprehensive approach to quality education. Mentors are trained in participatory teaching and learning methods. Community centres — which provide integrated services, such as education, health care, clean water, and sanitary latrines — serve as gender-sensitive, protective learning environments that allow children to practise the life skills that they have gained.

19. *Developing a landmines and small arms advocacy kit.* This kit aims at providing UNICEF staff with the resources to undertake advocacy on these issues. A booklet, "Child Rights Guide to the Mine Ban Treaty", is being developed to raise awareness of the impact of landmines on children and to explain the relationship between the Convention on the Rights of the Child and the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Landmines and on Their Destruction.

20. *The use of new technologies to promote peace-minded quality education.* The UNICEF "Voices of Youth" Internet project (http://www.unicef.org/) continued throughout the year to promote issues related to adolescent development and participation. This online project provides an opportunity for children and young people to learn about global issues, particularly in the light of how they affect children and young people worldwide, to share their views with others and to look at ways in which they can take action in their own communities.

The University for Peace — culture of peace through education

21. *Training programmes and international peace studies.* The University for Peace (UPEACE) is now offering Master's programmes and other short courses are at an advanced stage of development in the fields of: human rights; international law and the settlement of disputes; gender and peace-building; natural resources and sustainable development; international peace studies; and education for peace-building. Progress has also been made towards the development of teaching programmes in other fields, particularly in: economic development and peace; environmental security and peace; human security; youth, employment and violence; the media, peace and security; and disarmament and non-proliferation, based on a specific new mandate for UPEACE from the General Assembly.

22. In June 2003, UPEACE graduated the first group of students in its new academic programme. These students graduated from the Dual Master's Degree Programme in Natural Resources and Sustainable Development (with the School of International Service at American University in Washington, D.C.), the Master's Degree Programme in Human Rights Studies and the Master's Degree Programme in International Law and the Settlement of Disputes.

23. *Capacity-building in peace education and conflict prevention.* In order to be more cost-effective, courses are being organized not only at UPEACE headquarters but also in different regions of the world. Teaching has begun at the Central

European University in Budapest, where a three-month course in peace and conflict studies was successfully taught to senior academics from Central Asia in 2002. Similar courses are now in progress. In addition, two short courses for mid-career professionals will be taught at Mahidol University, Bangkok, in July 2003, as part of the Asia and Pacific Programme. The topics are: "Environmental security and natural resource conflicts" and "Religion: conflict or peace?" Major programmes are now being launched to build capacities for education for peace in Africa and Latin America.

24. *Multicultural courses on key peace-related issues.* Such courses are being developed and disseminated to partner universities throughout the world. This offers a substantial multiplier, making it possible for large numbers of students, in their home universities, to study specific issues, including conflict prevention, mediation, peace-building, human rights and gender issues. There is intense student demand and strong interest in partner universities in this element of the UPEACE programme. It will enable UPEACE to make a significant contribution to building the human capacities which are essential for conflict prevention and peace-building throughout the world. Specific partner universities have been identified in Africa, Latin America, Central Asia, India, and Asia and the Pacific, which are ready to use UPEACE materials as they become available.

25. Of particular interest is the UPEACE foundation course in international peace studies, which has been developed through a process of international consultation, for inclusion in all UPEACE programmes and for dissemination to other universities. In accordance with specific provisions of the UPEACE charter, this course will be compulsory for all UPEACE students. UPEACE is also launching a new Master's Degree Programme in International Peace Studies, scheduled to begin operating in September 2003. The programme will be a key element in the UPEACE academic programme. Finally, an international consultation on the status of peace education was held in New York, in November 2002. The meeting, co-sponsored by UPEACE and Teachers College, Columbia University, is an important component of the work plan for the development of UPEACE programmes.

B. Actions to promote sustainable economic and social development

26. The World Summit on Sustainable Development, held in Johannesburg, South Africa, in August/September 2002, has injected new urgency and substance into the quest for sustainable development centred on the human being and based on respect for human rights and democratic principles, solidarity, dignity, sharing and equity. All UNESCO programmes are responding to the need to reinforce action as outlined in the Plan of Implementation of the Summit. In particular, the principal priority of the UNESCO natural sciences programmes, "Water and ecosystems", and the work of the Intergovernmental Oceanographic Commission are at the centre of the organization's contribution. The publication, in March 2003, of the first *World Water Development Report* by a consortium of 23 United Nations agencies and convention secretariats led by UNESCO is a major input to assist Governments in charting sustainable development, improve the management of water resources and access to water and sanitation — another Millennium Development Goal. A key outcome was also the recommendation for a United Nations decade of education for sustainable development, the preparation of which has been entrusted to UNESCO. In addition,

continued emphasis is being placed on activities in the framework of the cross-cutting theme "eradication of poverty, in particular extreme poverty".

27. *Education for sustainable development*. Education at all levels and in all its forms constitutes a vital tool for addressing virtually all global problems relevant to sustainable development, in particular poverty, HIV/AIDS, environmental degradation, knowledge formation and sharing, rural development and changes in production and consumption patterns. In this regard, UNESCO has launched the project on integrating environmental education in TVE (Technological and Vocational Education) schools in Asia, beginning with country data collection and the first drafting of country surveys. In order to enhance public understanding of science and technology, six thematic posters on integrated science and technology education and two interactive CD-ROMs on biotechnology and environmental education were produced.

28. *Biosphere reserves: the ecosystem approach in action*. Biosphere reserves are designed to meet one of the most challenging issues that the world is facing today: to conserve the biodiversity and maintain healthy natural systems while, at the same time, meeting the material needs and aspirations of an increasing number of human beings. In the framework of the Man and the Biosphere programme, the development of the World Network of Biosphere Reserves was achieved with the approval of 18 new biosphere reserves, one transboundary biosphere reserve and four extensions to two existing biosphere reserves. Several new sites demonstrate the ecosystem approach in action (Ticino, Italy), the application of the concept in coastal areas (e.g. Jaragua-Bahoruca-Enriquillo, Dominican Republic) and in small islands (e.g. Jeju Island, Republic of Korea; Commander Islands, Russian Federation) and to manage transborder sites (e.g. the "W" region, involving Benin, Burkina Faso and Niger, the first in Africa of this type).

29. *World Science Day for Peace and Development*. The first World Science Day for Peace and Development was celebrated worldwide on 10 November 2002 under UNESCO auspices. The celebration involved many partners, such as governmental, intergovernmental and non-governmental organizations, UNESCO National Commissions, scientific and research institutions, professional associations, the media, science teachers and schools.

30. A number of projects are being supported by UNESCO, aimed at promoting empowerment, participating approaches and livelihood generation. In Brazil, through an agreement with the National Foundation for Indigenous People, technical cooperation is provided for an array of issues, from environmental protection to economic sustainability. UNESCO also cooperates in setting new curricular parameters and innovative didactic material for teaching indigenous languages as a first language. In Haiti, in the framework of the project "Cities: management of social and environmental transformations", a substantial programme is under way, aimed at improving living conditions through participatory approach and community dialogue. In the Caribbean, the Youth PATH project seeks to train youth in poor communities in the development and documentation of natural and cultural heritage sites so that such sites can become centres of internal or international tourism and in so doing generate income, develop communities and reduce poverty. Five country sites have been selected for the first stage of the project: the Bahamas, Barbados, Jamaica, Saint Lucia and Saint Vincent and the Grenadines.

31. *Environmental security, development and peace*. The University for Peace has implemented a number of short courses in recent months, and more are planned, in the field of natural resources and conflict prevention. The third year of the Dual Master's Degree Programme in Natural Resources and Sustainable Development, offered jointly by UPEACE and the School of International Service of American University, will begin in September 2003. A constructive relationship is developing with LEAD (Leadership for Environment and Development) International which will lead to the teaching of courses in the area of environment and development. The first UPEACE international course on development, peace and security was held in November 2002. A major focus of the new UPEACE programme is the field of environmental security and peace, with a full Master's programme to be launched in September 2004.

C. Actions to promote respect for all human rights

32. In line with the United Nations reform programme, which calls for the enhancement of human rights within the whole United Nations system, UNESCO will present to its Executive Board in September 2003 a comprehensive strategy on human rights, which aims to integrate a human rights-based approach in all UNESCO activities and projects. This strategy is the result of a wide consultation with other agencies and bodies of the United Nations system, in particular the Office of the United Nations High Commissioner for Human Rights and the International Labour Organization, on the one hand, and with UNESCO member States, on the other hand, to obtain inputs on human rights priorities and the establishment of strengthened cooperation for the implementation of the strategy.

33. *Promotion of human rights, peace and democratic principles*. In order to increase awareness about human rights standards and procedures, several publications and information materials were issued and widely disseminated. These include: *Human Rights: Major International Instruments* (*Status as at 31 May 2002*); Fourth issue of the *Bulletin of UNESCO Chairs* dedicated to the World Forum of UNESCO Chairs; revised editions of *Human Rights: Questions and Answers* and *A Guide to Human Rights*; publication of the third volume of the manual on human rights for universities, *Human Rights: International Protection, Monitoring, Enforcement*.

34. The conference on "The rights of the child and human security in the Euro-Mediterranean region", held in Marrakesh, Morocco, in October 2002, was structured around a series of thematic meetings, including: child abuse, sexual abuse, economic exploitation of children and child security; child security and migration; children and the risks of HIV/AIDS, children and drugs, education and child security; rights of the child and human security.

35. *UNESCO Chairs on human rights, democracy and peace in Africa*. UNESCO provided support to the International Symposium on the Application of the United Nations Convention on the Rights of the Child, organized by the Peace and Human Rights Institute at the Cheikh Anta Diop University in Dakar and the UNESCO Chair on human rights and democracy, University of Fribourg. The main outcome was an agreement to establish a regional network of multidisciplinary research and monitoring for the promotion and protection of children's rights in Africa. The Human Rights and Documentation Centre of the University of Namibia launched a

web site on research, teaching and advocacy on human rights, gender issues and democracy in southern Africa, which provides a tool and network for exchange and dialogue between universities, research institutes, NGOs and policy makers in the region. The Dag Hammarskjöld Chair in Zambia was officially launched in February 2003. Its specific areas of research and training will include the role of Africans in regional integration as well as in international peacekeeping and electoral observer missions; a programme on the relationship of human rights, sustainable development, environment and peace; as well as a specific focus on the role of women in peace-building and conflict resolution.

36. *UPEACE Programme in Human Rights Studies*. The second year of the Master's Degree Programme in Human Rights Studies and the Master's Degree Programme in International Law and the Settlement of Disputes will begin in September 2003.

D. Action to ensure equality between women and men

37. Taking into account the new policy context, a Gender Mainstreaming Implementation Framework has been issued, which seeks to translate the UNESCO commitment to mainstream the needs of women as stated in its Medium-Term Strategy for 2002-2007, throughout its programmes into practical directives that will yield visible and tangible results. The Framework, inspired by current best practices in gender mainstreaming within the United Nations system, offers baseline definitions of key concepts, proposes guiding principles for action and spells out the lines of responsibility within the organization to mainstream gender throughout its programmes. Issues related to gender are also central to the aims of UPEACE and are mainstreamed throughout the whole UPEACE programme.

38. *Women's rights*. In an effort to build a cohesive strategy promoting gender equality and the human rights of women more relevant to the needs of member States, UNESCO held consultations with pertinent parties in Africa, Latin America and Asia and at the international conference of the Association for Women in Development, held in Mexico. A concept paper on the human rights of women and gender equality formed the basis for discussion of regional priorities. In addition, UNESCO promoted women's rights through a variety of actions, including a national workshop to prepare gender-sensitive materials for women farmers (Harare, November 2002) that produced 15 illustrated post-literacy materials on land rights, domestic violence, inheritance, HIV/AIDS, agro-technology, cottage industry and women's rights as human rights.

39. *Women in the media*. Assistance was provided to the UNESCO Chair in women and new communication technologies for the Asia-Pacific region in Seoul for the production of features; web design and content development; and preparation of handbooks on best practices of women media professionals and gender-sensitive reporting. The publication, *Mujer y Prensa en América Latina* (Women and the Press in Latin America), prepared in collaboration with the Journalists Union of Brazil, which presents the experiences of women working in the media, is intended to promote increased access and wider participation of women in the media at all levels. In Africa, support was provided to the Kenyan Association of Media Women to enhance the use of information and communication technologies in its programme activities.

40. *Training course on gender and peace-building*. In November 2002, UPEACE held the second international training course on gender and peace-building for mid-career professionals from the United Nations and elsewhere. Two meetings of international experts on course development in the field of gender and peace took place in 2002 with a view to providing guidance on the content to be included in the UPEACE Master's Degree in Gender and Peace-building. The Master's programme will begin in September 2003. Furthermore, consultations were held in December 2002 between UPEACE and UNESCO to define common approaches to gender issues in Latin America.

41. *Implementation of the United Nations Girls' Education Initiative (UNGEI)*. UNESCO provided technical assistance and supported regional cooperation networking and national capacity-building to improve national policies and programmes for gender equality in basic education: national in-depth qualitative research studies (Lao People's Democratic Republic, China, Mongolia, Tajikistan) led to policy recommendations on how to increase girls' access to lower secondary education. The publication entitled *The Challenge of Achieving Gender Parity in Basic Education: A Statistical Review, 1990-1998*, in English and French, has been widely distributed in order to help decision makers to be better informed about the position of gender equality and equity.

42. *Gender, Peace and Development in the Caribbean*. Within the framework of the UNESCO Programme for Women and the Culture of Peace, a research project on Gender, Peace and Development in the Caribbean, was initiated to document research and development work being completed or in progress on gender, peace and development in the Caribbean, identify existing areas of need and propose a strategy to address these needs in gender, peace and development in the Caribbean and identify potential partners from the research community, the public, private and NGO sectors and development agencies.

43. *Gender mainstreaming for development*. UNESCO, in collaboration with the Centre for Gender and Development Studies of the University of the West Indies, hosted a two-day regional consultation on gender mainstreaming for development at the University's Mona campus in January 2003. The purpose of the consultation was to discuss key issues affecting gender mainstreaming in the Caribbean region and develop recommendations for action. In Pakistan, UNESCO collaborates with the Ministry of Women's Development and relevant NGOs in the preparation of a project on involvement of boys and men in the quest for gender equality. Two awards for best reporting by a female journalist and for most gender-sensitive reporting by a male or female journalist have been established by the Pakistan Press Foundation with the support of UNESCO. Reema Abbasi Hamidi and Hussain Askari of the monthly *The Herald* received the award for excellence in gender-sensitive reporting for their article entitled "Hatred's Legacy"; the award for best reporting by a female journalist was awarded to Saira Irshad Khan of the monthly *Newsline* for her article "Kandahar Chronicle".

E. Actions to foster democratic participation

44. One of the most important challenges for this century will be to achieve local, national and world democratic governance based on principles that are freely agreed to by the social actors involved. Building on its endeavour as a laboratory of idea

and experience-sharing for preparing guidelines and policies, UNESCO has taken part in the World Social Forum, which is currently one of the major venues for social and civic expression. UNESCO activities in this domain are mostly directed to help communities learn how to participate in local governance. UPEACE has also continued to work with International IDEA (Institute for Democracy and Electoral Assistance) on bilateral and multilateral projects in the area of the development of peace, democracy and human rights.

45. *Information and communication technologies as a tool for local governance.* The overall purpose of this project is to introduce the use of information and communication technologies as tools for improving local governance in Latin America and Africa. In Latin America, a partnership has been established with the Union Iberoamericana de Municipalistas (UIM) to develop and implement a distance training specialization course on local e-governance. The course, addressed to municipal officials and city professionals, complements an existing Master's programme on local governance and development (Programa de Gobierno y Desarrollo Local) developed by UIM in cooperation with the Escuela Virtual de Gobernabilidad, the Instituto Internacional de Gobernabilidad and the Universitat Oberta de Catalunya. In Africa, a partnership has been established with the African Training and Research Centre in Administration for Development in Morocco to develop a model e-governance training module to be tested and implemented through regional NGOs (including Sangonet) and universities (including the Open University of Zimbabwe and the African Virtual University).

46. *"Making Room": Education and Culture for Peace Programme.* Developed in partnership with state governments (including Rio de Janeiro, Bahia, Pernambuco, São Paulo and Rio Grande do Sul) since 2000, the programme aims at promoting the development of a culture of peace in local communities by opening schools on weekends for cultural and citizenship activities, sports and art workshops. It has significantly helped to increase the participation of young people in citizenship activities.

47. *Multimedia for Caribbean Communities.* This project has the objective of making information and knowledge more accessible to selected marginalized communities in urban, rural and remote communities through the provision of modern communication and information tools and requisite training. Launched in September 2002, it is intended to transform existing community radio stations that work in collaboration with UNESCO into community multimedia centres, complete with added facilities. Initial participating stations include those from Jamaica, Trinidad and Tobago, Barbados and Cuba.

F. Actions to advance understanding, tolerance and solidarity

48. UNESCO action to foster understanding, tolerance and solidarity has been essentially focused on the follow-up of the United Nations Year of Dialogue among Civilizations and on the observance of the United Nations Year for Cultural Heritage, which highlighted two main priorities: dialogue and reconciliation and development.

49. The whole UPEACE programme is founded on principles of tolerance and understanding and is developed on a multicultural basis. This ensures that all UPEACE Master's and other teaching materials reflect and respect a diversity of

values, cultures, circumstances and aspirations. UPEACE is continuing its follow-up work with Inclusion International after the International Seminar on Disability Inclusion for Peace, held in 2002. Further projects with Inclusion International and other organizations are under discussion. Cooperation is also proceeding in the development of courses and other activities in the field of civil-military relations, a topic being developed in Asia and in Central and Latin America.

50. *Dialogue among civilizations*. In order to broaden the basis of UNESCO activities pertaining to the dialogue among civilizations, a number of activities were undertaken, including: the setting up of a global network, involving competent organizations and research institutions as well as individual researchers, philosophers and intellectuals; the publication of scientific and policy-relevant papers and speeches in the UNESCO "Dialogue Series"; presentations at international conferences and meetings on UNESCO involvement in the dialogue among civilizations; and the co-organization and sponsorship of international conferences, meetings and events on the dialogue among civilizations. In this context, support was provided to the organization of an international conference, "Dialogue among Civilizations — Quest for New Perspectives", held in New Delhi in July 2003. The conference adopted the Delhi Declaration, which sets out an important framework of action for the years to come. The organization is also actively and substantially involved in the preparations for the Regional Forum on the Dialogue among Civilizations, co-organized by the President of the former Yugoslav Republic of Macedonia and the Director-General of UNESCO, to be held in Ohrid in August 2003. Finally, support will be provided to the forthcoming symposium on the dialogue among civilizations, scheduled to take place in Sana'a in October 2003.

51. *Cultural heritage and culture of peace*. As to UNESCO action aimed at the observance of the United Nations Year for Cultural Heritage, the framework of intercommunity reconciliation activities focused on the joint safeguarding of heritage affected by conflicts by selecting sites embodying values shared by different communities, particularly in the Caucasus region, in Afghanistan and in Bosnia and Herzegovina where, following studies by international experts, a number of projects are now in their operational phase.

52. *Combating racism and racial discrimination*. Within the framework of the programme to combat racism and racial discrimination, the preliminary results of a series of studies on the following subjects are now available: (i) xenophobia; (ii) new forms of discrimination, in particular discrimination linked to the new information and communication technologies and discrimination linked to technological progress, in particular in the fields of biology and medicine, including the HIV/AIDS dimension; and (iii) revitalization of standard-setting texts adopted by UNESCO and the creation of an effective mechanism for the application of such instruments. Furthermore, a comprehensive proposal to overcome racial discrimination in the school system was published in Brazil, entitled "Racial Discrimination in Schools", which analyses the most common ways that racism is expressed in society, including a discussion on the importance of judicial legislation in the struggle against discrimination.

53. At the country level, UNESCO initiated or supported a number of projects in the framework of the Declaration and Programme of Action on a Culture of Peace. These projects aimed at (i) promoting traditional ways of conflict resolution;

(ii) fostering mutual understanding through the exchange and performance of cultural arts; and (iii) strengthening intercultural dialogue among communities, including refugees.

G. Actions to support participatory communication and the free flow of information

54. UNESCO action focused on the preparation of the first phase of the World Summit on the Information Society, in particular the activities have been directed to the formulation of a common vision and principles for the information society. In this regard a number of thematic and regional conferences addressing key issues have been organized.

55. *Promoting freedom of expression and strengthening communication capacities.* With regard to freedom of expression, democracy and peace, UNESCO continued its three-prong approach. First, it continued its activities aimed at promoting and raising awareness about freedom of expression as a fundamental human right and enhancing protection of press freedom and journalists' rights through assistance and close collaboration with national, regional and international non-governmental and professional media organizations as well as press freedom advocacy groups. Secondly, it pursued its normative approach of providing assistance and advisory services to adapt media legislation and guidelines on access to information to internationally recognized principles. Thirdly, it continued operational activities to ensure follow-up of the declarations and plans of action of the five regional seminars on promoting independent and pluralistic media, in particular in conflict and post-conflict areas.

56. *Support to democratic media environment.* UNESCO stepped up efforts to promote and strengthen democratic media environment through assisting national authorities seeking to adapt their media legislation and policies to internationally recognized standards. Advisory services were provided to Bulgaria, including discussions on media legislation with the three branches of government, major professional media and the academic community. Support was also provided to Article 19, Radio Nederland and the Inter Press Service to undertake studies on legislation on access to information in Latin America. In the Arab States, a seminar on media and good governance was held in Amman in September 2002, in collaboration with the European Commission.

57. *Media for peace and tolerance.* As part of the efforts to restore or consolidate peace and impart the values of non-violence and tolerance through and by the media, UNESCO continued its support to the South-East European News Exchange for Public Service Television Broadcasters (ERNO). ERNO functions as a human and technical resource development framework with the goal of strengthening peace and democracy in South-East European countries through public service television. The organization also continued its assistance for local television production in Serbia: together with the Soros Foundation, it supported a number of independent production houses to produce documentaries, a series of reports and cultural programmes as well as a training course in documentary filming in the University of Arts in Belgrade.

58. *UPEACE Institute for Media, Peace and Security.* The ways in which the media interact with issues of conflict, peace and security are becoming more and

more a question of vital importance. UPEACE has now established its Institute for Media, Peace and Security, which will be located in Geneva. Funding has been found and development has begun of a "module" to be included in UPEACE Master's programmes and various short courses. Research in the area of media and peace will be initiated with specific reference to the regions of Latin America and Africa.

59. *UNESCO INFOYOUTH programme*. This global network of youth organizations seeks to promote information-sharing and exchange on youth issues and to support the development and implementation of appropriate and coherent youth policies at the local and global levels. The activities emphasize providing opportunities for young men and women who are marginalized, disadvantaged and in conflict zones to achieve their full potential and contribute positively to society.

60. *Promoting freedom of the press and capacity-building*. In 2002 in Haiti, UNESCO organized a month of mobilization for the freedom of expression and the freedom of the press and created the Jean Dominique Prize for press freedom. In addition, a meeting was held between academics and journalists from Haiti and the Dominican Republic on the theme of the end of slavery and its consequences on the two societies. This meeting tackled publicly the issue of the African contribution in the construction of the Dominican identity. In the Caribbean, regional support was provided to community radios and to organize workshops in the region in order to build capability among media professionals so as to identify and articulate their needs, prepare proposals and implement their own projects in communication development.

H. Actions to promote international peace and security

61. *Improving human security by better management and social change*. This is one of the 12 strategic objectives of UNESCO which, along with the cross-cutting theme on eradication of poverty, expresses the commitment of the organization in the framework of its medium-term strategy (2002-2007) for this action area. UPEACE is active within the United Nations system and is working closely with the Department for Disarmament Affairs and the Department of Political Affairs of the Secretariat and a wide range of United Nations agencies and other bodies, including the United Nations University, UNESCO and UNDP.

62. *Elaboration of ethical, normative and educational frameworks for the promotion of human security*. As part of the follow-up to the plan of action of the first meeting of directors of research and training institutions on peace in November 2000, the elaboration of ethical, normative and educational frameworks for the promotion of human security and the prevention of conflicts at their source was begun, in cooperation with high-level regional experts, training and research centres and universities, including the Facultad Latinoamericana de Ciencias Sociales-Chile and the University of Montevideo, Uruguay, for the Latin America and the Caribbean region, with the Institute for Security Studies (South Africa) and the UNDP "African futures" programme (AFCEN-UNDP) for the Africa region, and with the Korean National Commission for UNESCO for the East Asia region. In the process of developing these frameworks, particular attention was paid to the promotion of respect for human rights, policies in support of sustainable development and the campaign against poverty and extreme poverty. The following

works were published and widely disseminated: "Peace, Human Security and Conflict Prevention in Africa" and "Seguridad Humana, Prevención de Conflictos y Paz en América Latina".

Preserving peace — UPEACE activities

63. UPEACE held two international seminars on human security in November 2002 and April 2003. In August 2003 there will be an experts' seminar on human security in Central America. Human security is a central topic in the regional programme of UPEACE in Latin America and UPEACE is working together with the Centro Mundial de Investigación para la Paz (World Centre for Peace Research) in Montevideo to develop activities in this field. UPEACE continues to be in contact with the International Court of Arbitration, with headquarters in The Hague, regarding the establishment of a subsidiary office for Latin America at UPEACE headquarters.

64. UPEACE has been working with Interpol, the Inter-American Drug Abuse Control Commission and the United Nations Regional Centre for Peace, Disarmament and Development in Latin America and the Caribbean on the preparations for a seminar in November 2003 on training officers responsible for the control of illicit trade of small arms.

65. *The World Centre for Research and Training in Conflict Resolution*. The Centre, launched last year in Bogotá, was established under an agreement between the University for Peace and the Government of Colombia.

66. *Water resources management*. The growing emphasis on water supply, sanitation, shared water management and water-related disasters reduction and on addressing the inherent social challenges characterizes the activities of the UNESCO International Hydrological Programme and the World Water Assessment Programme. Major activities were launched in early January 2002, with the main emphasis on minimizing threats to sustainability and security of the vulnerable freshwater resources in many parts of the world, particularly developing countries. The international conference, "From Conflict to Cooperation in International Water Resources Management: Challenges and Opportunities", was held in November 2002 in the UNESCO-IHE Institute for Water Education in Delft, the Netherlands, within the framework of the project "From potential conflict to cooperation potential: water for peace", a contribution of UNESCO and Green Cross International to the ongoing World Water Assessment Programme. The event strengthened the organization's position of intellectual leadership in shared international water management and provided important references and examples of good practices for practitioners worldwide.

III. The role of civil society

67. In its resolution 57/6, the General Assembly encouraged civil society to strengthen its efforts in furtherance of the objectives of the Decade. In the framework of the implementation of the Action Plan for the International Decade for a Culture of Peace and Non-Violence for the Children of the World, adopted in December 2001 by the International Conference of NGOs, maintaining official relations with UNESCO, a project entitled "Heritage and a culture of peace" was launched in December 2002, in collaboration with the UNESCO culture of peace

coordination, which aims to identify a monument or symbol of local heritage that represents a vehicle for dialogue, peace and reconciliation so as to facilitate the appropriation of the notion of a culture of peace by the local population and the general public. In this respect, more than 300 NGOs were invited to participate in the initiative through the mailing of the "Heritage and a Culture of Peace" brochure published for this occasion.

68. In December 2003, the annual congress of the International Conference of NGOs, maintaining official relations with UNESCO, will focus on the evaluation of the implementation of the Action Plan as a first assessment of actions taken by NGOs for the promotion of a culture of peace in this framework.

69. The relationships with civil society are being further developed during the International Decade at the national level through national focal points and at the international level through the NGO-UNESCO Liaison Committee and the equivalent committees at United Nations Headquarters. Actors in the global movement are invited to share information about their actions (events as well as projects) through the communication and networking arrangements initiated in 2000.

IV. Communication and networking arrangements

70. The communication and networking arrangements established during the International Year for the Culture of Peace are being continued and made available to serve actors of a culture of peace in their work during the Decade. They make possible an instant update on efforts of the global movement. An interactive web site, maintained by UNESCO, serves as a rallying point for Decade activities and enables all actors to exchange information and resources for better interaction and networking and serves as a tool for advocacy. The core data on this web site (e.g. events, projects of long duration, articles and signatures gathered for Manifesto 2000) are being updated by the culture of peace actors themselves.

71. As of July 2003, 2,285 actors are registered on the culture of peace web site, including 256 international organizations, 248 national coordinators and 1,781 national and local organizations. All these actors have registered 1,029 events and 161 projects aimed at the promotion of a culture of peace. The increase of actors and activities registered in the culture of peace in 2002-2003 shows a continuing interest for the culture of peace at all levels of society and the acknowledgement of the need for a strong tool for the diffusion and promotion of initiatives taken for the purpose of peace and non-violence in the entire world.

V. Conclusions and recommendations

72. **The present report is a preparatory contribution to the report of the Secretary-General to be submitted to the General Assembly at its sixtieth session in 2005 on the observance of the International Decade for a Culture of Peace and Non-Violence for the Children of the World at its midpoint and on the implementation of the Declaration and Programme of Action on a Culture of Peace.**

73. **Member States are invited to develop further their activities promoting a culture of peace and non-violence at the national, regional and international**

levels and to provide information about such activities to UNESCO through their national focal points for the Decade. Civil society, including non-governmental organizations and actors at the local, national and international levels should also be encouraged to complement the initiatives of Member States, the organizations of the United Nations system and other regional and international organizations.

74. Concerning formal and non-formal education for a culture of peace where a number of joint initiatives are being developed by international organizations, specialized agencies, funds and programmes of the United Nations, in particular UNESCO and UNICEF, should be invited to continue and further strengthen their collaborative efforts in this area.

75. UNESCO should strengthen its efforts to coordinate activities and initiatives implemented by all the actors of the culture of peace network (including the United Nations system, non-governmental organizations and local and national organizations) in order to ensure the coherent implementation of the Declaration and Programme of Action on a Culture of Peace.

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Training and research: United Nations Institute for Training and Research

United Nations Institute for Training and Research

Report of the Secretary-General

Summary

The present report has been prepared pursuant to General Assembly resolution 57/268 of 20 December 2002 on the United Nations Institute for Training and Research. The report provides an overview of the programmes of the Institute; discusses strengthening cooperation with other United Nations institutes and relevant national, regional and international institutes; and assesses the development of partnerships and the financial situation of the Institute. The General Fund of the Institute, which depends on voluntary contributions, remains weak and continues to be a cause for concern. It is hoped that Member States will resume or increase their contributions to the General Fund in order to guarantee continued activity of the Institute.

* A/58/150.

03-44344 (E) 190803

I. Introduction

1. The present report has been prepared pursuant to General Assembly resolution 57/268 of 20 December 2002 on the United Nations Institute for Training and Research (UNITAR). The principal issues addressed in resolution 57/268 are the further strengthening of cooperation with other United Nations institutes and relevant national, regional and international institutes; the building of partnerships between the Institute and organizations and bodies of the United Nations system with respect to their training programmes and the need to develop further and to expand the scope of those partnerships, in particular at the country level; and the financial situation of the Institute.

II. An overview of the activities of the United Nations Institute for Training and Research

2. The volume of services delivered by UNITAR over the period under review has remained stable, namely, some 130 seminars, workshops and meetings, benefiting close to 6,000 participants from all continents. The proportion of capacity-building projects has been increasing steadily in relation to actual training activities. In practice, this implies an increased focus on specific issues pertaining to the strengthening of institutional structures and may indicate that priority is sometimes given to particular countries or regions, especially least developed countries, Sub-Saharan Africa and countries with economies in transition in Central Asia.

3. The two main domains of action remain unaltered: management of international affairs and economic and social development. The first includes training for diplomats accredited to the United Nations, training programmes specially designed in response to requests from Member States and fellowships, that is, annual courses on similar subject matter, including international law, environmental law, negotiation and peacekeeping and preventive diplomacy. Activities related to economic and social development deal with, for instance, several specific and technical issues of environmental and natural resource management, legal aspects of debt management, international trade and matters related to the World Trade Organization. Courses on economic and social development are designed for civil servants of developing countries and countries with economies in transition working in concerned ministries and public authorities.

4. Evaluations are carried out regularly to ensure that UNITAR programmes meet well-defined training and capacity-building needs. By way of example, the specially designed programmes on the management of international affairs are being requested increasingly by Member States, while the activities related to decentralized cooperation have been extended to Africa, Asia, Latin America and Europe. Cooperative centres are being established progressively. Training in the use of information and communication technology is meeting with growing interest in view of the forthcoming World Summit on the Information Society, to be held in Geneva from 10 to 12 December 2003 and in Tunis in 2005. The requests by Member States to UNITAR for the provision of services in the above fields far exceed the Institute's capacity, in terms of both human and material means, and thus cannot always be met with a positive response.

III. Strengthening cooperation with other United Nations institutes and relevant national, regional and international institutes

5. Following a pilot phase of two years and in view of the positive results obtained, the Board of Trustees of UNITAR, at its forty-first session, held in Geneva from 29 April to 1 May 2003, confirmed the opening of the Regional Office for Asia and the Pacific in Hiroshima, Japan. The Office was officially opened on 15 July 2003. The Government of Hiroshima Prefecture has committed funds and facilities to UNITAR for an initial period of three years, from 15 July 2003 to 14 July 2006. A work programme has been established to meet the training and capacity-building needs of the countries in the region identified during the pilot phase. The programmes will include training in post-conflict reconstruction, application of environmental legal instruments, sea and human security and international economics and finance for development.

6. At the request of the Joint United Nations Programme on HIV/AIDS and in cooperation with it, UNITAR launched the AIDS Competence Programme in January 2003. The aim of the joint venture is to develop the capacity of communities and organizations to respond to the challenge of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) by sharing approaches and lessons learned. Working with in-country United Nations colleagues and partner organizations such as the Salvation Army African Regional Programme Facilitation Team for HIV/AIDS, Health and Development and the AIDS Education Programme at Chiang Mai University, Thailand, the Programme takes a general approach, which includes facilitation, self-assessment, connecting people, networking on online workspace and building a knowledge base.

7. Another positive development was the launching at the World Summit on Sustainable Development, held in Johannesburg, South Africa, from 26 August to 4 September 2002,[1] of a partnership with the International Labour Organization and the Organisation for Economic Cooperation and Development, two bilateral donors, the Netherlands and Switzerland, and the International Council of Chemical Associations to develop a capacity-building programme for the implementation of a globally harmonized system for chemical classification and labelling. The initiative was submitted to the World Summit. The goal of the partnership is to strengthen capacity at all levels and sectors, in particular in developing countries, to ensure a higher standard of chemical labelling and related precautionary measures for industrial and agricultural chemicals, chemicals in transport and consumer chemicals. Dangerous chemicals traded internationally and produced locally are to be classified appropriately and labelled in accordance with the globally harmonized system by the year 2008. In the medium- and long-term, the partnership is expected to lead to a decrease in environmental and human health-related effects attributable to the use of hazardous chemicals.

8. The training programme on the legal aspects of debt and financial management has been expanding steadily. While it has been active for some years in English-speaking Sub-Saharan Africa, it has now been extended to French-speaking Africa, at the request of Pole-Dette, a body established by two associations of central banks, the Banque des États de l'Afrique centrale and the Banque centrale des États de l'Afrique de l'Ouest. UNITAR has also been selected by the Government of Viet

Nam to conduct training courses for its personnel with a broad programme of financial management. The courses will be conducted jointly by the United Nations Development Programme and the Ministry of Finance of Viet Nam. The regional public debt management project of the International Monetary Fund in Central Asia includes training components to be implemented by UNITAR and consideration is being given to a programme to be organized jointly by UNITAR, the International Monetary Fund and the World Bank. The programme is intended for civil servants from the ministries of finance, foreign affairs and justice of the Central Asian republics and Azerbaijan.

9. During the World Summit on Sustainable Development, UNITAR proposed a "type 2" partnership on sustainable urbanization. Several United Nations bodies, in particular the United Nations Human Settlements Programme, local authorities from industrialized and developing countries, non-governmental organizations and private companies, have joined the partnership. Regional programmes have been launched, based on UNITAR associated centres in Curitiba, Brazil, for Latin America and the Caribbean, Kuala Lumpur, for Asia and the Pacific, Lyons, France, for Europe and Ouagadougou for Africa. Other associated centres are being established in other parts of the world. The programmes are expected to facilitate urban management, in particular by providing for such essential needs as water management, collection and disposal of waste, public transportation and social housing.

10. Similarly, in view of the forthcoming World Summit on the Information Society, UNITAR is organizing regional pre-summit meetings on the role and responsibilities of local authorities in the information society. Regional conferences are being held in Brazil, China, France, Mauritania and Spain in order to facilitate the participation of developing countries in the World Summit. Specific proposals for action will be submitted to the World Summit. Several entities of the United Nations system, in particular the Department for Economic and Social Affairs of the Secretariat and the International Telecommunication Union, local and municipal governments, non-governmental organizations and private companies have been invited to join the partnership. Overall, the recent programmatic developments of UNITAR are encouraging and seem full of potential.

IV. Building partnerships

11. Almost all UNITAR programmes are conducted in cooperation with one or more intergovernmental organizations, national development agencies, non-governmental organizations, academia, local authorities or private corporations. Such cooperation has been the main feature of UNITAR activities over the past decade and has been gaining ground as programmes develop. Most entities of the United Nations system are regularly called upon to cooperate in the framework of specific projects.

12. The most significant development during the period under review has been the advancement of cooperation with the private sector. The World Summit on Sustainable Development and the preparation of the World Summit on the Information Society have provided opportunities to obtain intellectual and material support from important private corporations, such as Veolia Environnement and the Caisse des Dépôts et Consignations (France), British Petroleum and United Kingdom of Great Britain and Northern Ireland and Intel Corporation (United States

of America). In addition, the International Council of Chemical Associations has expressed interest in a partnership with UNITAR and other concerned United Nations entities for a programme on the management of chemicals. All these partnerships are established without conditions and within the framework of the Global Compact and the United Nations Millennium Declaration (General Assembly resolution 55/2).

13. Together with the secretariat of the Global Compact, UNITAR has initiated a dialogue with the private sector on how better to mobilize the good will of companies adhering to the Global Compact in favour of training and capacity-building in developing countries and countries with economies in transition. A series of meetings are being held with chief executive officers of several leading companies.

14. Cooperation has been expanding and the design and organization of training and capacity-building programmes has been developing since the World Summit on Sustainable Development. That cooperation, between local governments and municipalities, is of a decentralized nature, which represents an emerging trend in international cooperation. Thanks to its institutional autonomy and operational flexibility, UNITAR has an important role to play in this area.

15. In brief, given its specific mandate, UNITAR stresses the cooperative approach in all its activities, especially with regard to its work with other international organizations. Such cooperation is being gradually expanded to include other partnerships in particular with private enterprises, in the spirit of the Global Compact. That approach is also reflected in one of the key principles of the Institute's programmes, that countries should take a multi-stakeholder approach to issues. Future areas of UNITAR activities will include further work in fostering strengthened sustainability with countries receiving training; exploring electronic means of providing training and capacity-building assistance; and a greater emphasis on assisting States wishing to meet their obligations under international agreements.

V. Research on training

16. Research on and for training and capacity-building is continuing. New approaches are being identified and training material developed. Two important issues in that context are the methodology for creating and sharing knowledge and an in-depth examination of online learning systems and methods.

17. UNITAR is now offering online learning courses alongside its traditional in-country training, fellowships, seminars and conferences in the field of social and economic development. Through a range of online learning courses, UNITAR thus hopes to offer a new dynamic to its training mandate through the use of new information technologies with a view to reaching a wider audience and allowing a flexible and user-friendly approach. UNITAR also hopes to share its experience with other organizations and institutions, especially from developing countries, through continuous and systematic electronic contact, and to benefit from the online training approaches and methodologies already developed and deployed by universities and regional training institutions worldwide. The UNITAR training programme in the legal aspects of debt, financial management and negotiation is the first stage in the development of UNITAR's "e-Learning" portal and online course initiative.

18. In countries seen to be making progress in the fight against HIV/AIDS, individuals, families and communities themselves drive the response to the disease. However, in countries relying mainly on the provision of information and commodities such as drugs and contraceptives, the virus continues to spread and infect greater numbers of people. Convinced that the key learning approach consists of connecting those who are making progress and have something to share with those who want to learn, UNITAR and the Joint United Nations Programme on HIV/AIDS have launched an innovative programme of facilitation through the adoption of knowledge management approaches to help create and share knowledge.

VI. Long-term financial viability of the Institute, its debt and rental and maintenance costs

19. While the financial situation of the programmes funded through special purpose grants is satisfactory, the General Fund of UNITAR, made up of non-earmarked voluntary contributions, remains weak and vulnerable, notwithstanding the reiterated calls and appeals of the General Assembly. This is a matter for some concern. Member States, in particular industrialized countries, should consider resuming their voluntary contributions to the General Fund, which would enable UNITAR to continue conducting its training programmes for diplomats and other national civil servants accredited to the United Nations, allowing some flexibility in meeting the most immediate needs and ensuring a minimum of operational continuity.

20. In addition, the Secretariat and UNITAR have been considering ways and means to solve the long-standing issue of rental and maintenance costs of the premises used in Geneva and New York and the payment of the accumulated debt of the Institute to the United Nations. A separate report will be submitted to the General Assembly in that regard pursuant to section V of Assembly resolution 57/292 of 20 December 2002.

VII. Conclusion

21. The Secretary-General has followed with attention recent developments in the programmes of UNITAR, because of the relevance and importance of training and capacity-building for peace and security and economic and social development. Tribute should be paid to the 20 members of the Board of Trustees and to the Executive Director of the Institute for their excellent work.

Notes

[1] *Report of the World Summit on Sustainable Development, Johannesburg, South Africa, 26 August-4 September 2002* (United Nations publication, Sales No. E.03.II.A.1) and corrigendum.

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Progress towards implementation of the Declaration of Commitment on HIV/AIDS

Report of the Secretary-General

Summary

The present report is submitted pursuant to paragraph 100 of the Declaration of Commitment on HIV/AIDS (General Assembly resolution S-26/2, annex), adopted by the Assembly at its special session on the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) on 27 June 2001.

The year 2003 is especially significant since it is the year in which the first of the time-bound targets set out in the Declaration of Commitment fall due. The majority targets in 2003 pertain to the establishment of an enabling policy environment, which set the stage for the programme and impact targets of 2005 and 2010.

The report is based primarily on responses provided by 100 Member States on 18 global and national indicators developed by the Joint United Nations Programme on AIDS to measure progress towards implementation of the Declaration. The regional breakdown of States that responded is as follows: sub-Saharan Africa — 29; Asia and the Pacific — 15; Latin America and the Caribbean — 21; Eastern Europe and Central Asia — 13; North Africa and the Middle East — 8; high-income countries — 14. Virtually all heavily affected countries provided information relating to policy issues addressed by the indicators. The activities cited in the report are intended to be illustrative and not a comprehensive listing of all activities that have been undertaken in order to implement the Declaration.

* A/58/150.

03-44350 (E) 260803

There has been significant progress in the global response to HIV/AIDS since the first report of the Secretary-General of 12 August 2002 (A/57/227 and Corr.1). Virtually all heavily affected countries now have multisectoral HIV/AIDS strategic plans, as well as national AIDS councils, many of them chaired at the highest levels of government. Resources available for HIV/AIDS programmes at the country level in low- and middle-income countries have increased rapidly in recent years and are expected to total approximately $4.7 billion in 2003, including domestic as well as bilateral and multilateral spending. That figure is still less than half the estimated $10.5 billion that will be needed by 2005. A growing, but still limited number of countries have recorded reductions in infection among young people. Numerous regional political bodies have committed themselves to cross-country cooperation in the fight against the epidemic.

In important respects, however, the challenges posed by the epidemic remain as large as ever. In the most-affected countries of sub-Saharan Africa, the impact of the epidemic is becoming alarmingly more acute, as reflected in the deadly triad of food insecurity, HIV/AIDS and the loss of institutional capacity. Little progress has been made worldwide in reducing the number of new cases of HIV infection and there are indications that the global rate of infection could accelerate as the epidemic expands in Asia and Eastern Europe. Despite the growth in political commitment and resources for HIV/AIDS, globally it is estimated that:

(a) Fewer than one in four people at risk of infection are able to obtain basic information regarding HIV/AIDS;

(b) Only one in nine people seeking to know their HIV serostatus have access to voluntary counselling and testing services;

(c) Less than one in 20 pregnant women presenting for antenatal care are able to access services to prevent mother-to-child transmission of the virus;

(d) Less than 5 per cent of those who could benefit from anti-retroviral treatment are currently able to access such treatment;

(e) In the majority of countries where the sharing of equipment among injecting drug users is a major mode of HIV transmission, coverage for prevention and treatment programmes for drug users is under 5 per cent.

Women and girls now represent one half of all cases of HIV infection globally and as many as 58 per cent in Africa. Some societal norms increase their vulnerability and place a disproportionate share of the HIV/AIDS burden on women and girls.

Globally, more than 14 million children under the age of 16 have lost one or both parents to HIV/AIDS, including 11 million in sub-Saharan Africa alone. Yet 39 per cent of reporting States with generalized epidemics lack national strategies for children orphaned or made vulnerable by HIV/AIDS.

While the Declaration of Commitment on HIV/AIDS provides a framework for effective action on HIV/AIDS based on best available evidence, unprecedented resolve and intensified efforts will be required to raise the HIV/AIDS response to the level needed in order to achieve the Declaration's targets.

The present report is submitted in accordance with General Assembly resolution 57/299 of 20 December 2002, in which the Assembly requested the Secretary-General to prepare a comprehensive and analytical report on progress achieved in realizing the commitments set out in the Declaration with a view to identifying problems and constraints and making recommendations on action needed to make further progress.

I. Introduction

1. The Declaration of Commitment on HIV/AIDS (General Assembly resolution S-26/2, annex), adopted by the Assembly at its special session on the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in June 2001, represents a momentous milestone in the global struggle against the HIV/AIDS epidemic. Building on the goal set in the United Nations Millennium Declaration (resolution 55/2) to have halted by 2015 and begun to reverse the spread of HIV/AIDS, the Declaration of Commitment establishes, for the first time ever, time-bound targets to which individual Governments and the international community may be held accountable. The first of those targets fall due in 2003 and pertain to the establishment of an enabling policy environment, which sets the stage for the programme and impact targets in 2005 and 2010. Articulating a framework for an extraordinary global response, the Declaration calls for concerted action to prevent new infection and reduce vulnerability; enhance access to care, support and treatment; protect human rights and empower women; mitigate the impact of the epidemic; and mobilize sufficient resources to support those essential endeavours.

2. While the present report is based primarily on responses from Member States, supplementary information has been drawn from multiple sources, including studies commissioned by the Joint United Nations Programme on AIDS (UNAIDS) and from United Nations and United Nations partner organizations. Programme coverage will be an important focus of the Secretary-General's report in 2005, reflecting the targets due to be met that year. Therefore, while information on programme coverage is currently limited, such information is presented where available in order to establish a baseline from which future progress will be measured.

II. Implementation of the Declaration of Commitment on HIV/AIDS: key findings

A. Impact of the Declaration of Commitment

3. From civil society networks to regional coalitions of political leaders, the Declaration of Commitment on HIV/AIDS has been widely embraced as an important tool to strengthen and accelerate the global response and to increase accountability in the fight against HIV/AIDS. During the period under review, the number of Member States meeting the policy targets for 2003 set forth in the Declaration has increased significantly. However, as explained in the previous report (A/57/227 and Corr.1), many countries risk falling behind in certain aspects of the implementation of the Declaration unless action is taken immediately to put in place the policies needed to mount an effective response. As an example, nearly one in four countries have no national strategy to provide comprehensive care and support to people living with HIV/AIDS and to families affected by the epidemic. This must be addressed swiftly if progress is to be made in reducing global inequities in those areas.

B. Leadership on HIV/AIDS

4. More political leaders from both developed and developing countries expressed public commitment to the fight against HIV/AIDS in the last 12 months than in the previous year. Media coverage of HIV/AIDS has increased significantly in Eastern Europe and Asia, suggesting a higher level of overall awareness. However, too few leaders have actually taken action in those very regions where the epidemic is spreading fastest and where decisive action is likely to have the greatest impact. Concern is by no means limited to Eastern Europe and Asia, since countries from all regions reported that insufficient action at high political levels continued to impede the development of effective national responses. Political intervention at the highest level is required in many countries to ensure that obstacles to coordination, implementation and reinforcement of HIV/AIDS strategies are rapidly addressed.

C. Engaging all partners

5. The value of engaging civil society in the national response to HIV/AIDS is now universally recognized and organizations representing people living with HIV/AIDS, faith-based groups, workers' organizations and the business sector have extended the reach of essential HIV/AIDS programmes and services. However, such engagement remains inadequate. Civil society participated in the formulation of just two thirds of the country responses that provided input to the present report. Less than half of the responding countries were able to articulate the specific role played by people living with HIV/AIDS in their national response.

D. Human rights

6. Although the Declaration provides that, by 2003, all countries will have enacted, strengthened or enforced legislation to prevent discrimination against people living with HIV/AIDS and against vulnerable populations, only 62 per cent of responding States have laws and policies in place to protect against discrimination towards people living with, or affected by HIV/AIDS. Substantially fewer (38 per cent) have policies that prohibit discrimination against vulnerable populations. The stigma associated with HIV/AIDS continues to impede an effective global response to the epidemic, underscoring the importance of immediate action by States to enact and enforce the anti-discrimination policies provided for in the Declaration.

E. Resource mobilization

7. Investment in HIV/AIDS programmes in low- and middle-income developing countries grew significantly in the last 12 months and will total an estimated $4.7 billion during the present year, including national as well as international spending. As envisaged by the Declaration of Commitment, the Global Fund to Fight AIDS, Tuberculosis and Malaria is developing into a viable mechanism for financing HIV/AIDS and other health programmes in developing countries. To date, the Global Fund has received almost $4.6 billion in financial pledges and has approved proposals worth $1.5 billion in 93 countries. Funding from other sources, such as

bilateral donors and the World Bank's Multi-Country HIV/AIDS Programme, have increased as well. Recent discussions in the United States of America and among member States of the European Union have raised the bar on the size of potential pledges to fighting HIV/AIDS globally and to the Global Fund, though current financing trends still suggest that global funding for HIV/AIDS programmes will fall far short of the estimated $10.5 billion required annually by 2005.

F. Going to scale, making a difference

8. Although virtually all heavily affected countries have adopted multisectoral HIV/AIDS strategies, most are experiencing great difficulty in converting those strategies into broad-based programmes. Globally, fewer than one in four people at risk of infection were able to obtain basic information regarding HIV/AIDS. It is estimated that one in every 8 people seeking to know their HIV serostatus had access to voluntary counselling and testing services in 2001, a figure that dropped to one in 16 in sub-Saharan Africa. Worldwide, fewer than one in 20 pregnant women in prenatal settings are able to obtain services to prevent mother-to-child transmission of HIV and less than 5 per cent of those who could benefit from anti-retroviral treatment have access to the drugs. In 70 per cent of countries in which the sharing of equipment among injecting drug users constitutes a major mode of HIV transmission, coverage for prevention and treatment programmes for drug users is under 5 per cent. Although substantial evidence indicates that programmes targeting key populations, such as sex workers and men who have sex with men, are highly effective in reducing infection rates, more than one in four countries identified a need for greater attention to programmes for vulnerable populations. Among the primary impediments to programmatic reinforcement cited by countries is a shortage of financial, human and technical resources, as well as limited monitoring and evaluation capacity.

G. Assessing social and economic impact

9. Of the 42 million people estimated to be living with HIV/AIDS at the end of 2002, the vast majority were in their productive prime. At the same time that diverse sectors in heavily affected countries are called upon to strengthen their engagement in the fight against HIV/AIDS, those sectors are themselves being undermined by the epidemic. Agricultural production is declining in many heavily affected countries in sub-Saharan Africa as a result, in part, of the loss of workers to HIV/AIDS. In addition, education systems are being undermined by the loss of teachers to HIV-related illness and death. Those effects are most acute, at present, in the countries of Southern Africa, which are facing crisis conditions in the agricultural sector, serious erosion of institutional capacity and rates of HIV infection that continue to rise.

H. Women, girls and HIV/AIDS

10. Women and girls now represent one half of all cases of HIV infection globally and as high as 58 per cent of cases in Africa. Although 69 per cent of countries responding indicated that national policies provided for equal access to services

regardless of gender, women and girls continued to confront a broad range of economic, legal and social disabilities that increased their vulnerability to HIV/AIDS.

I. Children orphaned or made vulnerable by the epidemic

11. The urgent need for countries to adopt policies and programmes to respond to the needs of children orphaned or made vulnerable by HIV/AIDS noted in the report of the Secretary-General in 2002 has not been effectively addressed in the last 12 months. Thirty-nine per cent of countries with generalized epidemics — defined as adult prevalence consistently greater than one per cent in both urban and rural areas — have no formal strategy to address the needs of orphans and other vulnerable children. Many States indicated that such policies were in development.

III. Leadership

By 2003, develop multisectoral HIV/AIDS strategies, integrate HIV/AIDS into mainstream development planning and develop mechanisms to involve the private sector and civil society in the planning and implementation of HIV/AIDS strategies.*

A. National leadership

12. Continuing a trend noted in the previous report to the General Assembly on implementation of the Declaration of Commitment on HIV/AIDS (A/57/227 and Corr.1), a growing number of national leaders are speaking openly about the importance of prioritizing the fight against HIV/AIDS. In a number of countries, heads of State have spoken about the rights of people living with HIV/AIDS and regularly convene cabinet meetings on the national response to the epidemic. However, 20 per cent of responses from States, spanning all regions, expressed the view that the current level of political commitment remained insufficient to generate and sustain the extraordinary response needed to reverse the epidemic. Decisive action by political leaders is needed, especially in Asia and Eastern Europe, given the rapid growth of the epidemic in those regions. Such action has to be evident at the national, district and local levels if the trend is to be broken.

13. Ninety-four per cent of respondents reported having developed multisectoral HIV/AIDS strategies and 92 per cent of low-income countries reported having integrated HIV/AIDS into mainstream development instruments, such as poverty eradication strategies, as well as national budget allocations and sectoral development plans. Eighty-eight per cent of those responding indicated that they had national bodies that promoted coordination on HIV/AIDS between government services, the private sector and civil society. According to information collected independently by UNAIDS, the proportion of countries with national strategies and planning mechanisms increased from 78 per cent in 2002 to 93 per cent in 2003. Despite success in developing strategic HIV/AIDS frameworks, few national

* Related commitments from the Declaration of Commitment on HIV/AIDS have been summarized and are presented at the beginning of each of the following sections.

strategies have been effectively implemented, owing in large measure to inadequate financial, technical and human resources.

B. Regional and global leadership

14. Regional mobilization on HIV/AIDS continued to accelerate during the period under review. The African Centre for HIV/AIDS Management is being established to provide policy analysis among other activities to support the work of AIDS Watch Africa, a coalition of African heads of State set up to monitor implementation of the 2001 Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases. The Asia Pacific Leadership Forum on HIV/AIDS and Development, launched in August 2002 at a meeting of ministers of the States members of the Association of South-East Asian Nations, is now actively implementing its programme of action. With strong support from regional political leaders, the Pan-Caribbean Partnership established a Regional Strategic Framework for HIV/AIDS, which now guides the development of national and regional implementation and action plans. Adoption of the Programme of Urgent Response to the HIV/AIDS Epidemic at the May 2002 summit of the Commonwealth of Independent States has strengthened national responses in those States by requiring designation of senior officials with multisectoral oversight. Eminent individuals have been appointed special envoys of the Secretary-General for HIV/AIDS in Africa, Asia and the Pacific, Eastern Europe, Latin America and the Caribbean. Following announcements by the Governments of France and the United States, the members of the Group of Eight highly industrialized countries at their 2003 summit issued a call for donor countries to increase assistance to developing countries in the area of HIV/AIDS.

15. To accelerate progress in the implementation of the Declaration, various entities of the United Nations system have intensified efforts within their areas of expertise, including education, contraceptive promotion programming, orphans and vulnerable children and food security, in order to improve coordination, development of normative guidance and strategy and partnership development. United Nations theme groups on HIV/AIDS now operate in 134 countries and the United Nations country work plans increasingly reflect strengthened collaborative planning, pooling of resources and joint programming. In 2003, 29 United Nations bodies participated in the updating of the United Nations strategic plan for HIV/AIDS, identifying strategies to respond to new challenges posed by the epidemic and to increase the effectiveness of the United Nations system's response to HIV/AIDS. Spending by the United Nations system on global and regional efforts to fight the epidemic will increase by more than 50 per cent in the biennium 2004-2005. A document describing the efforts made by the United Nations system to accelerate implementation of the Declaration and a chart showing the core indicators used to monitor implementation of the Declaration are available on the UNAIDS web site (www.unaids.org).

C. Engagement of civil society partners

16. Recognizing that the response to HIV/AIDS must extend beyond Governments, the Declaration urges that mechanisms be developed at the national

and global levels to ensure the active involvement of civil society, especially people living with HIV/AIDS and the business sector.

17. Partnership forums supported by the United Nations and other stakeholders have proved to be valuable vehicles for promoting collaboration between government services, donors, civil society and the business sector. Ninety per cent of countries reported having created such forums, strengthening the participation of non-governmental sectors in national planning and decision-making on HIV/AIDS. However, civil society input appeared to have been sought in only two thirds of the cases reported for the purposes of the present document, indicating that the engagement of civil society remained inadequate.[1]

1. People living with HIV/AIDS

18. A new partnership between the International Federation of Red Cross and Red Crescent Societies and the Global Network of People Living with HIV/AIDS is being implemented in a number of countries across the world, with the goal of combating HIV/AIDS-related stigmatization and discrimination. The International Community of Women Living with HIV/AIDS, the Young Women's Christian Association and UNAIDS have begun to develop partnerships to fight stigmatization and discrimination. Despite those important developments, fewer than 40 per cent of responses mentioned a specific role or contribution of associations of people living with HIV/AIDS in national processes to implement the Declaration of Commitment.

2. Faith-based organizations

19. In May 2003, the Second International Muslim Leaders' Consultation on HIV/AIDS was held in Malaysia, signalling renewed solidarity and commitment on behalf of Islamic groups in the response to HIV/AIDS. The Consultation built on the First International Muslim Leaders' Consultation and a host of earlier activities among Islamic leaders, especially in West Africa. Churches have a long experience of caring for and counselling people with HIV/AIDS. The Anglican Church, with support from the Government of the United Kingdom of Great Britain and Northern Ireland, has made HIV/AIDS a worldwide priority, with an initial focus on strengthening the engagement of dioceses in Africa. The Lutheran World Federation, in collaboration with the Ecumenical Advocacy Alliance and the World Council of Churches, is implementing an HIV/AIDS strategy in all Lutheran churches in Africa. African-American and other United States-based churches are increasingly reaching out to Africa, offering assistance and solidarity. The worldwide Catholic organization Caritas Internationalis has worked in the field of HIV/AIDS for 16 years and is incorporating HIV/AIDS into all its programmes worldwide. Hindu communities in Africa are beginning to feel the painful impact of HIV/AIDS in their own communities and in those surrounding them and have implemented excellent programmes for care and support, especially in Durban, South Africa. Buddhist monks and nuns have in many ways set the benchmarks for actions against HIV/AIDS by religious leaders by virtue of having pioneered models of counselling and care for people with HIV/AIDS over the past 20 years. The most important work done by faith-based organizations is often not noticed, that is, helping communities understand and adjust to the realities imposed by the greatest scourge known to mankind.

3. Non-governmental organizations and AIDS service organizations

20. Throughout the world, the Declaration of Commitment is serving as an essential advocacy tool for non-governmental organizations and other community groups that seek to strengthen the response to HIV/AIDS at all levels. In the period under review, several new coalitions of non-governmental organizations and other stakeholders have been formed to promote advocacy, programmatic collaboration and HIV-related research. The CORE Initiative, for example, brings together CARE International, the International HIV/AIDS Alliance, the International Center for Research on Women, Johns Hopkins University, and the World Council of Churches. In August 2002, representatives of civil society organizations from 21 African countries launched the Pan-African HIV/AIDS Treatment Access Movement dedicated to community mobilization and advocacy aimed at achieving the target of expanding access to anti-retroviral therapy to at least 3 million people in the developing world by 2005.

4. World of work

21. In May 2003, at the Global Compact Policy Dialogue on HIV/AIDS, the International Confederation of Free Trade Unions and the International Organization of Employers issued a joint statement of commitment to the fight against the epidemic. Private sector engagement in HIV/AIDS has been strengthened by the Global Business Coalition on HIV/AIDS, which now has more than 100 corporate members that are publicly committed to HIV/AIDS, and through the creation of business councils on AIDS at the national and regional levels. During the period under review, several major employers in sub-Saharan Africa announced plans to extend health coverage to workers living with HIV/AIDS. Studies in Brazil, the Philippines and South Africa indicated that, among the largest corporations, 52, 25 and 60 per cent respectively reported having workplace policies. Worldwide, only 21 per cent of transnational companies reported having adopted HIV/AIDS workplace policies. Substantial additional commitment on the part of stakeholders in the world of work will be required to meet the Declaration's commitment of universal adoption of comprehensive HIV/AIDS workplace programmes by 2005.

IV. HIV/AIDS and human rights

By 2003 enact, strengthen or enforce legal measures to eliminate discrimination against people living with HIV/AIDS and to ensure the full enjoyment by such individuals, as well as vulnerable populations, of all human rights and fundamental freedoms, including equal access to key services.

22. The Declaration of Commitment on HIV/AIDS recognizes that the protection and promotion of human rights are core principles in an effective response to HIV/AIDS. One in four countries cited HIV/AIDS stigmatization and discrimination as key barriers to a more effective national effort against the epidemic.

23. Many countries are in danger of falling short of the Declaration's agreed targets related to human rights and HIV/AIDS. Although there has been a notable improvement since 2002, only 62 per cent of respondent countries indicated that legal measures were in place to protect people infected with or affected by HIV/AIDS from discrimination and to ensure equity of access to services. Most of

the 62 per cent, however, were referring to the existence of general anti-discrimination laws and measures rather than to specific measures targeted at people affected by HIV/AIDS. The region indicating the highest prevalence of general anti-discrimination laws in countries was Eastern Europe and Central Asia, where 80 per cent of countries reported that anti-discrimination laws were in place. Corresponding figures for Latin America and the Caribbean and developed countries were 70 per cent and 67 per cent, respectively; for North Africa and the Middle East, sub-Saharan Africa and Asia they were 50, 52 and 61 per cent, respectively.

24. Positive responses were much lower with respect to anti-discrimination measures specifically designed to protect vulnerable groups. Overall just 38 per cent of countries reported having such specific measures, with a regional breakdown ranging from a high of 50 per cent for countries of Eastern Europe and Central Asia to 12 per cent for those of North Africa and the Middle East. The corresponding breakdown for sub-Saharan Africa, Latin America and the Caribbean and developed countries was 39, 47 and 44 per cent, respectively.

25. Many States responding noted that, even where anti-discrimination measures existed, public knowledge of those measures was limited and enforcement mechanisms were lacking. While several countries, including India, Madagascar, Nepal and Viet Nam have recognized the need to review and strengthen their anti-discrimination laws, action on a much wider scale is warranted.

V. Prevention and reduction of vulnerability

A. Prevention

By 2003, establish prevention targets for young people and other groups at high risk of infection and implement universal precautions in health-care settings to prevent HIV transmission.

26. Eighty-eight per cent of countries reported that they had adopted comprehensive national prevention policies. Such national policies had not yet resulted in widespread access to key prevention interventions, however. Globally it is estimated that fewer than one in four people at risk of infection are able to obtain basic information regarding HIV/AIDS. Just one in nine people seeking to know their HIV serostatus had access to voluntary counselling and testing services in 2001. In sub-Saharan Africa, where HIV infection rates in several countries have risen beyond levels previously thought possible, access to essential prevention services is especially limited, with fewer than one in three people at risk having access to contraceptive promotion programmes and only 14 per cent having access to services to prevent and treat sexually transmitted infections. The United Nations Population Fund reports a considerable shortfall in the availability of condoms for that purpose, which, expressed in dollar terms, amounted to $80 million in 2000, the last year for which complete information is available.

27. As with programmes to provide care, support and treatment, Member States cite the lack of necessary financial, technical and human resources as the main barriers to the expansion of HIV prevention services. In high-income countries, which experienced significant declines in new cases of infection earlier in the epidemic, evidence suggests that risky behaviour and new cases of infection may be

on the rise among men who have sex with men and young heterosexuals, underscoring the importance of sustaining and reinforcing prevention efforts.

28. The inability to deliver HIV prevention programmes on the scale required represents a critical missed opportunity. Experts convened by the World Health Organization (WHO) and the UNAIDS secretariat in 2002 advised that 29 million of the 45 million new cases of infection projected to occur between 2000 and 2010 could be prevented if there were optimal implementation of existing prevention strategies. However, few countries have seen the impact of wide-reaching prevention strategies reflected in falling rates of new cases of infection. Uganda is the best example to date of a country that has seen such an impact.

29. While up-to-date information on the implementation of universal precautions in health-care settings is not readily available, the reported blood safety coverage of 96 per cent implies that, at a minimum, such measures exist at most institutions where blood services are offered. However, WHO estimates that nearly 40 per cent of injections administered for health-care purposes worldwide involve the reuse of injection equipment and that unsafe injection practices are responsible for 5 per cent of new cases of HIV infection.

B. Young people

By 2005, reduce HIV prevalence by 25 per cent among young men and women aged 15-24 in the most affected countries, and globally by 25 per cent by 2010; ensure that at least 90 per cent of young men and women by 2005, and 95 per cent by 2010, have access to information, education and life-skills programmes to reduce their vulnerability to HIV.

30. In the pursuit of those targets, 88 per cent of countries reported having adopted strategies to promote reproductive and sexual health education for young people. Life-skills education programmes were, however, at an early stage in most countries and reached only a fraction of those who needed them. As evidenced by the continuing, long-term decline in HIV prevalence among young people in Uganda and recently documented declines among young women in parts of Ethiopia and Malawi, there is growing proof that comprehensive prevention programmes can reduce rates of infection among young people.

31. Nevertheless, too few young people currently receive the services they need to avoid transmission. In all regions, prevention programmes effectively reach only a small fraction of out-of-school youth — an estimated 8 per cent in sub-Saharan Africa, 4 per cent in Latin America and the Caribbean and 3 per cent in Asia and the Pacific and Eastern Europe and Central Asia. The need for youth-oriented prevention services is particularly urgent in Eastern Europe and Central Asia, where the epidemic is growing fastest and where the vast majority of new cases of infection occur in young people. In the Commonwealth of Independent States, it is estimated that 80 per cent of new cases between 1997 and 2000 occurred in individuals under the age of 30.

C. Women and girls

By 2005, implement strategies to ensure the advancement of women and their full enjoyment of all human rights; and provide women and girls with the tools they need to protect themselves from HIV/AIDS.

32. Seventy per cent of countries reported the existence of national policies to ensure equal access to services between men and women. Equal access to services, while essential, will on its own not enable countries to reduce the vulnerability of women and girls, who often face a host of economic, legal and social constraints that impede effective risk reduction. National strategies should promote social norms that affirm gender equality, as well as enact legal and policy reforms to ensure girls' universal access to education, increase the economic power and autonomy of women and reduce the risk of violence against women and girls. Cognizant of the urgent global need to address the gender dimensions of the epidemic, UNAIDS and strategic partners are developing a major global advocacy effort to promote effective action to reduce the epidemic's burden on women and girls.

D. Prevention of mother-to-child transmission

By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, ensuring that 80 per cent of pregnant women accessing antenatal care obtain services to reduce the risk of mother-to-child transmission.

33. An estimated 800,000 infants contract HIV each year, either before or during pregnancy or as a result of breastfeeding. Eighty-eight per cent of responding countries worldwide, but only 78 per cent in Asia, reported having national policies in place to reduce mother-to-child transmission. Several countries, including Honduras, Thailand and Uganda, have reported progress in increasing access to services to prevent mother-to-child transmission. In Botswana, the proportion of pregnant women receiving HIV-related counselling in antenatal settings increased from 60 per cent in 1999 to 74 per cent in 2002, while the percentage of pregnant women who received preventative treatment doubled, from 30 to 60 per cent. Globally, however, access to such services is limited, especially in sub-Saharan Africa, where only about 1 per cent of pregnant women in antenatal settings were estimated to have access to prevention services in 2001.

34. MTCT-Plus, a $50 million initiative, spearheaded by Columbia University and funded by nine private sector foundations, aims to build on existing programmes to prevent mother-to-child transmission and to extend HIV care and treatment to 10,000 infected mothers, children and other family members in its first phase. As at April 2003, over 200 women and family members had begun to receive care at 12 demonstration sites.

E. Reducing vulnerability

By 2003, have in place strategies, policies and programmes that identify and begin to address factors that make individuals particularly vulnerable to HIV/AIDS.

35. Extensive experience indicates that the risk of infection is often directly related to the stigmatization and social marginalization experienced by vulnerable groups, such as injecting drug users, men who have sex with men, sex workers, out-of-school youth, mobile populations and prison inmates. Although more than 80 per cent of countries reported having policies that promoted HIV prevention and other health interventions for vulnerable populations, only 38 per cent of countries said that they had adopted measures to protect such groups from discrimination. In North Africa and the Middle East the figure was as low as 12 per cent. Fewer than one half of countries overall have national policies to provide HIV/AIDS information and health interventions to cross-border migrants. Sub-Saharan Africa (63 per cent) and Eastern Europe and Central Asia (60 per cent) were a little above average.

VI. Care, support and treatment

A. Access to essential services

By 2003, develop collaborative strategies to strengthen health-care systems, address issues pertaining to the provision of HIV-related drugs and accelerate access to comprehensive services that promote the progressive provision of the highest attainable standard of care for HIV/AIDS; and develop national strategies for the provision of psychosocial care to individuals, families and communities affected by HIV/AIDS. By 2005, make significant progress in providing comprehensive care to individuals living with HIV/AIDS and their families.

36. The Declaration of Commitment on HIV/AIDS confirms that prevention, care, support and treatment are fundamental elements of an effective response. While 77 per cent of all responses indicated the existence of national policies to deliver comprehensive HIV/AIDS care and support, 40 per cent of responding countries from Eastern Europe and Central Asia lacked such plans. One in five countries, including one in three in Asia and the Pacific, had no policy framework to increase access to HIV/AIDS-related medicines.

37. The past year has witnessed continued momentum towards greater access to treatment in low- and middle-income countries. WHO issued guidelines for expanding the provision of anti-retroviral therapies in resource-limited settings and added 10 anti-retroviral drugs to its list of essential medicines. In 2002, WHO, the UNAIDS secretariat, and the World Bank joined with leading private foundations, organizations of people living with HIV/AIDS and the Global Business Coalition on HIV/AIDS to establish the International HIV Treatment Access Coalition, which seeks to promote the international sharing of best practices on expanding access to treatment in developing countries and to catalyse technical support partnerships at the country level. The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria has awarded grants sufficient to provide anti-retroviral treatment to 500,000 people. The United States Government has embarked on a new initiative that seeks to ensure access to anti-retroviral treatment and other HIV/AIDS treatments to 2 million people in 14 countries in sub-Saharan Africa and the Caribbean.

38. Excluding Brazil, which accounts for more than one third of all people on anti-retroviral therapy in low- and middle-income countries, use of anti-retroviral drugs

in 2002 increased by 50 per cent worldwide and by approximately two thirds in sub-Saharan Africa. Access, however, remains limited in resource-poor countries and gaps in access between developed and developing countries remain enormous. Although an estimated 5.5 million people in low- and middle-income countries are considered in need of anti-retroviral therapy, only an estimated 300,000 were receiving those medicines in late 2002. While developed countries account for only 5 per cent of people infected with HIV worldwide, they account for more than 60 per cent of all people on anti-retroviral therapy.

39. Although attention has focused on expanding access to anti-retroviral treatment, other elements of comprehensive care are often not accessible to people living with HIV/AIDS. The same factors that impede expansion of anti-retroviral treatment programmes — limited infrastructure and insufficient financial, technical and human resources — also limit access to psychosocial care and to preventive and therapeutic regimens for HIV-related opportunistic diseases.

B. Children orphaned and made vulnerable by HIV/AIDS

By 2003 develop, and by 2005 implement, national policies and strategies to care for children orphaned and made vulnerable by HIV/AIDS.

40. Globally, more than 14 million children under the age of 15 have lost one or both parents to HIV/AIDS, including 11 million in sub-Saharan Africa alone. By 2010, that number is expected to increase to 25 million. Meanwhile, many other children and young people are made vulnerable by HIV/AIDS, including those who are forced to drop out of school to care for ill family members or to make up for the loss of income experienced by HIV-affected households.

41. While there appears to have been progress over the past year in development of national policies to care for orphans and other children made vulnerable by HIV/AIDS, only 60 per cent of countries reported having such policies in place. It is of particular concern that many heavily affected countries number among those which lack such policies. Among countries with adult HIV prevalence rates of at least 1 per cent among pregnant women in urban and rural areas, 28 of whom provided information, 39 per cent had no national strategy for children orphaned and made vulnerable by HIV/AIDS. Many reported that such policies were under development, however. Unless urgent action is taken, the global community will fail to meet the agreed targets.

VII. Alleviating social and economic impact

By 2003, evaluate the social and economic impact of HIV/AIDS and develop the appropriate policy responses; develop and accelerate the implementation of national poverty eradication strategies in order to address the epidemic's potential to exacerbate economic and social vulnerability; and develop a national legal and policy framework to address HIV/AIDS in the workplace.

42. In the hardest hit countries, the capacity to respond to HIV/AIDS is being undermined by the epidemic itself. As efforts intensify to strengthen the response in

the education, health and other civil service sectors, the epidemic is often decimating sectoral institutions, robbing countries and communities of human capacity when it is most needed. This is especially apparent in Southern Africa, where HIV/AIDS has rendered even more acute an already severe food crisis. Seventy-eight per cent of countries with adult HIV prevalence greater than 1 per cent have undertaken an evaluation of the epidemic's socio-economic impact.

43. Addressing the sectoral impact of HIV/AIDS requires advance evidence-based planning and access to financial and technical resources for key sectors. During the period under review, the World Bank, the United Nations Development Programme and others have provided assistance to countries to perform economic analyses of the epidemic's impact. With such external assistance, Malawi has studied the impact of HIV/AIDS on the public sector. WHO and the United Nations Educational, Scientific and Cultural Organization have developed frameworks for strengthening the capacity of the health and education sectors to respond to HIV/AIDS and the International Labour Organization (ILO) continues to work with its tripartite constituents to encourage implementation of the ILO Code of Practice on HIV/AIDS and the World of Work.

VIII. Research and development

By 2003, ensure that all research protocols are evaluated by an independent ethics committee.

44. In the absence of a cure or a preventive vaccine, HIV/AIDS-related research and development remains a pressing global priority. The Declaration calls on countries to accelerate investment in HIV vaccine research, strengthen national research and development capacity, increase global research collaboration on HIV/AIDS and ensure that HIV/AIDS-related research trials are conducted in accordance with recognized ethical standards and guidelines. Seventy per cent of countries reported that such policies were in place.

45. Research developments over the last year provide cause for hope, but also underscore the challenges that remain. Although results from the first-ever vaccine efficacy trial failed to demonstrate efficacy for the overall population studied, the trial nevertheless provided useful lessons on the conduct of large-scale trials of candidate vaccines. Global funding for HIV vaccine research in 2001 was estimated at approximately $470 million, which includes contributions from Governments, multilateral institutions, non-governmental organizations and the pharmaceutical industry. The National Institutes of Health of the United States provided an estimated $269 million of that total, a figure that is expected to increase to $422 million in 2003.

46. To date, the task of microbicide research and development has fallen to non-profit research institutes, academic institutions and small biotech companies and those efforts have been supported in large part by grants from the United States Government, which totalled $62 million in 2001. Six microbicide candidates are scheduled to enter large-scale effectiveness trials in the near future. The Rockefeller Foundation estimates that approximately $775 million is needed over the next five years, in order to generate a safe and effective product by 2010.

IX. HIV/AIDS in conflict- and disaster-affected regions

By 2003, have in place national strategies to address HIV/AIDS among national uniformed services; and develop and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment elements into responses to emergency situations.

47. Security Council resolutions 1308 (2000) and 1325 (2000) preceded the adoption of the Declaration of Commitment on HIV/AIDS and focused on the provision of education and training to international peacekeepers. Consistent with that mandate, UNAIDS developed HIV/AIDS awareness and prevention strategies for peacekeepers, including the distribution to peacekeepers of HIV/AIDS information (translated into 11 languages), as well as technical materials to support the integration of HIV/AIDS into training protocols.

48. Seventy-eight per cent of countries reported having developed policies for uniformed services and in most cases they had been integrated into national HIV/AIDS plans and strategies. This represents a significant improvement over 2002: only 25 per cent of countries in sub-Saharan Africa reported having such policies in 2002, while 90 per cent indicated in 2003 that such policies were in place.

49. Of 54 countries responding to a separate UNAIDS survey carried out in early 2003, only 16 (29 per cent) reported coordinated action between the national emergency relief structure and the national HIV/AIDS coordinating mechanism. While humanitarian organizations were reported to have implemented HIV/AIDS workplace policies and programmes in just under half of the reporting countries, the figures for Africa were much higher, at 75 per cent.

X. Resources

By 2005, through a series of incremental steps, reach an overall target of annual expenditure on the epidemic of between $7 billion and $10 billion in low- and middle-income countries and those countries experiencing or at risk of rapid expansion of the epidemic.

Mobilizing sufficient resources

50. The Declaration of Commitment on HIV/AIDS reflects the global recognition that an effective response to HIV/AIDS will require an unprecedented mobilization of resources. Under the Declaration, resources for HIV/AIDS programmes in low- and middle-income countries should reach between $7 billion and $10 billion in 2005. Analyses in late 2002 by experts convened by UNAIDS indicated that the level of resources needed to mount an effective global response would be even greater in subsequent years. According to those later projections, achieving optimal coverage for basic prevention, care, support and treatment interventions in low- and middle-income countries would require annual outlays of at least $10.5 billion by 2005 and almost $15 billion by 2007. Those targets exclude investments in essential infrastructure to support HIV/AIDS programmes.

51. Funding for HIV/AIDS programmes in developing countries has increased from less than $300 million in 1996 to approximately $4.7 billion in 2003. Even with such important increases, substantial new funding will be required to meet the global resource targets. More than a doubling of 2003 disbursements will be needed to meet the 2005 target and a three fold increase will be required by 2007.

52. Although the challenge of mobilizing such resources is enormous, there are signs that the global community is increasingly prepared to act. One important step was the creation of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, called for in the Declaration, which represents a critical new channel to finance expanded national responses to AIDS. To date, the Global Fund has received $4.6 billion in financial pledges and has approved proposals worth $1.5 billion for activities in 92 countries. Of the funds approved so far, 65 per cent is to be used for HIV/AIDS programmes. The volume of proposal requests is increasing, making the potential shortfall of readily available funds a serious concern. An estimated $3 billion is needed by the end of 2004 in order for the Global Fund to be able to fully fund the country proposals it expects to approve in future rounds.

53. From the outset, the United Nations system has devoted time and effort to the concept and creation of the Global Fund under the patronage of the Secretary-General. The UNAIDS secretariat and its cosponsors continue to provide essential support to countries in their efforts to access resources of the Fund, including supporting the establishment of country coordination mechanisms and the development of sound proposals and implementation where this has begun. UNAIDS also provides technical and policy support at the global level in several areas. The recently concluded memorandum of understanding between UNAIDS and the Global Fund highlights their complementary strengths and commitment to help countries maximize the effective use of the important new resources.

54. Certain bilateral donors have significantly increased their support for HIV/AIDS programmes and the World Bank is committing more than $1.1 billion for HIV/AIDS efforts in sub-Saharan Africa and the Caribbean over a multi-year period. The latest available information indicates that annual United Nations spending on HIV/AIDS totalled around $70 million in 2001, a figure that is projected to increase to $350 million in 2003.

XI. Follow-up, monitoring and evaluation

Develop appropriate monitoring and evaluation mechanisms and instruments and conduct periodic national reviews to facilitate follow-up. By 2003, establish or strengthen effective monitoring systems, where appropriate, for the promotion and protection of the human rights of people living with HIV/AIDS.

55. Intending the Declaration of Commitment on HIV/AIDS as a tool for accountability, Member States stipulated a structured follow-up process, including annual high-level General Assembly meetings to assess progress made towards implementation and to identify and address problems and constraints. The next meeting of the General Assembly is scheduled for 22 September 2003.

56. To facilitate ongoing monitoring of global progress in implementing the Declaration, UNAIDS consulted national Governments and partners to develop core

indicators relating to key provisions of the Declaration. Those indicators may be categorized as follows: (a) global indicators reflecting general considerations such as resource mobilization, engagement of transnational companies in the fight against HIV/AIDS and the effectiveness of HIV/AIDS advocacy efforts; (b) national policy and programme-related indicators; and (c) impact indicators that reflect the targets for 2005 and 2010. For those indicators, UNAIDS commissioned studies and consulted other data sources. Conclusions from those exercises are, where appropriate, summarized in the present report.

57. For each of the indicators, countries in collaboration with UNAIDS, United Nations partners, bilateral donors and researchers are in the process of establishing relevant baselines, as well as refining existing protocols for collecting pertinent data. The results of their efforts will be described in an expanded report by UNAIDS to be issued in September 2003, future annual reports of the Secretary-General and regular reports issued by UNAIDS.

58. Countries frequently cited their limited capacity for monitoring and evaluation as impeding their ability to provide information relevant to the national indicators. Although building sufficient capacity at the country level for monitoring and evaluation remains a challenge, substantial progress has been made in the period under review. The Global HIV/AIDS Monitoring and Evaluation Support Team, housed at the World Bank, has been established to support monitoring and evaluation efforts at the country level. UNAIDS is prioritizing the mobilization of resources for country-level monitoring and evaluation in its budget for the biennium 2004-2005.

XII. Recommendations

59. Several Member States risk falling short of the commitments for 2003 agreed to in the Declaration of Commitment on HIV/AIDS. With support from the highest levels of government, countries should immediately assess their national policies in relation to the Declaration's provisions for 2003 and accelerate the development and implementation of policies needed to come into compliance with it. Special emphasis must be placed on the following areas:

(a) ***National leadership.*** **Assertive political leadership and effective action is required, especially in Asia and the Pacific and in Eastern Europe and Central Asia, to prevent a major expansion of HIV/AIDS. Although political commitment to fighting HIV/AIDS has increased significantly in recent years, too few political leaders are aggressively leading national efforts to respond to the epidemic;**

(b) ***Engagement of civil society, especially people living with HIV/AIDS.*** **Member States should prioritize the involvement of people living with HIV/AIDS and of civil society in general. All companies should apply the ILO Code of Practice on HIV/AIDS and the World of Work. Although the response to HIV/AIDS now extends well beyond ministries of health in most countries, the engagement of important constituencies remains inadequate;**

(c) ***Human rights, stigmatization and discrimination.*** **As envisaged in the Declaration, the enactment and enforcement of national policies that address discrimination and promote the full enjoyment of human rights, especially by**

people living with HIV/AIDS, must be made priority. Stigmatization and discrimination discourage individuals from establishing their status and accessing services;

(d) *Prevention*. Efforts must be intensified to provide young people with the information, services and support that they need to protect themselves. Long-term success against the epidemic can only be achieved through the progressive reduction in the number of new cases of infection;

(e) *Women and girls*. Member States should assess and address laws, policies and practices that increase the vulnerability of women and girls. States should affirm women's equal value and status, inter alia, through strategies that enhance their economic situation and reduce the risk of gender-based violence. This is key to reducing the overall vulnerability of women and girls to HIV/AIDS. The urgency of effective cross-border collaboration to eradicate sexual trafficking cannot be overestimated;

(f) *Highly vulnerable groups*. Member States must include the adoption, implementation and enforcement of measures that reduce vulnerability by protecting rights and facilitating access to services tailored to the particular needs of highly vulnerable populations. The Declaration requires that special attention be given to the needs of such highly vulnerable groups as injecting drug users, men who have sex with men, sex workers, out-of-school youth, prison inmates and mobile populations;

(g) *Comprehensive programmes*. All Member States should develop and implement national strategies to promote the delivery of comprehensive prevention, treatment, care and support to those people living with or affected by HIV/AIDS;

(h) *Orphans*. All Member States with generalized epidemics should develop and implement national strategies that address the needs of the growing number of children orphaned and made vulnerable by the epidemic;

(i) *Funding*. To finance the global response needed to ensure achievement of the Declaration's future commitments, annual funding for HIV/AIDS programmes must increase three fold over current levels by 2005, and five fold by 2007. Momentum for increased funding for HIV/AIDS efforts must accelerate in low- and middle-income countries as well as from donors;

(j) *Capacity-building and sustainability*. Strategies aimed at building and maintaining institutional capacity must be implemented if countries are to sustain an effective response over the long term. In enhancing support for HIV/AIDS efforts, donors should prioritize technology transfer, the development of technical capacity and other mechanisms to build long-term national capacity to support an effective response;

(k) *Southern Africa*. Urgent sustained and coordinated action among a broad alliance of international donors and other stakeholders is needed to respond to crisis conditions that exist in the countries of Southern Africa. The response must match the epidemic in both its complexity and scale. The loss of institutional capacity in key national sectors threatens to accelerate the cycle between poverty, instability and heightened vulnerability;

(l) *Monitoring, evaluation and follow-up.* **National monitoring and evaluation systems must be strengthened, for which substantial technical and financial support is urgently needed. Sound policies and effective action require reliable information. Three quarters of responding States lack the capacity to monitor the epidemic and to evaluate interventions.**

Notes

[1] Given its importance, the issue of the involvement of civil society in national strategies to fight AIDS has been chosen as the topic for the informal interactive panel discussion that will be held on the special day of high-level meetings on HIV/AIDS to be organized during the fifty-eighth session of the General Assembly.

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Item 119 (b) of the provisional agenda*
Human rights questions, including alternative approaches for improving the effective enjoyment of human rights and fundamental freedoms

Strengthening United Nations action in the field of human rights through the promotion of international cooperation and the importance of non-selectivity, impartiality and objectivity

Report of the Secretary-General

I. Introduction

1. In its resolutions 56/153 of 19 December 2001 and 57/203 of 18 December 2002, the General Assembly requested the Secretary-General to prepare a comprehensive report on the strengthening of United Nations action in the field of human rights, through the promotion of international cooperation based on the principles of non-selectivity, impartiality and objectivity, taking into account the views of Member States. Moreover, the Assembly decided to continue consideration of the question at its fifty-eighth session under the item entitled "Human rights questions".

2. In compliance with paragraph 11 of those resolutions, the Secretary-General, in a note verbale dated 2 May 2002, invited Member States to present practical proposals and ideas that would contribute to the strengthening of United Nations action in the field of human rights through the promotion of international cooperation based on the principles of non-selectivity, impartiality and objectivity.

3. As of 17 July 2003, the following reply had been received (see paras. 4-6 below). In order to solicit additional replies, the Secretary-General invited Member States to present their practical proposals and ideas in a note verbale dated 17 July 2003. Additional replies received, if any, will be issued as addenda to the present report.

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II. Replies received from Governments

Libyan Arab Jamahiriya

[Original: Arabic]
[Geneva, 25 November 2002]

4. The preamble of the Charter of the United Nations states: "We the peoples of the United Nations determined to ... reaffirm faith in fundamental human rights ... and for these ends to practice tolerance and live together in peace with one another as good neighbours". According to Article 55 of the Charter: "With a view to the creation of conditions of stability and well-being which are necessary for peaceful and friendly relations among nations based on respect for the principle of equal rights and self-determination of peoples, the United Nations shall promote: ... universal respect for, and observance of, human rights and fundamental freedoms for all without distinction as to race, sex, language or religion". Furthermore, paragraph 5 of the Vienna Declaration and Programme of Action, adopted by the 1993 World Conference on Human Rights, reads as follows:

> "All human rights are universal, indivisible and interdependent and interrelated. The international community must treat human rights globally in a fair and equal manner, on the same footing, and with the same emphasis. While the significance of national and regional particularities and various historical, cultural, and religious backgrounds must be borne in mind, it is the duty of States, regardless of their political, economic and cultural systems, to promote and protect all human rights and fundamental freedoms."

5. The Great Jamahiriya should like to reaffirm the following:

(a) It is necessary to take account of the historical, religious and cultural specificities of States and peoples when dealing with human rights issues and topics, since what is acceptable in one society may not be acceptable in others;

(b) No State or group of States has any right to impose its values, customs or political, economic, social and cultural systems on other States;

(c) Human rights are universal, interrelated and indivisible, individual rights being inseparable from the rights of the community and no one right taking precedence over another;

(d) The right to development is also an inalienable human right;

(e) Economic and social development and human rights are complementary elements for the realization of a single objective on behalf of the human person, namely a dignified life;

(f) There should be no linkage between human rights issues and humanitarian and economic assistance.

6. The Great Jamahiriya should like to make the following recommendations:

(a) Human rights matters should retain their humanitarian nature, the goal being to promote and strengthen human relations between all peoples. They should not be used as a pretext for the realization of political purposes and ends, the settling of political scores or the application of pressure on any State;

(b) The pursuit of a non-selective, impartial and objective approach to, or method of, dealing with human rights issues contributes, without doubt, to the promotion of international cooperation in protecting and promoting human rights and fundamental freedoms and ensuring their effective realization;

(c) There should be absolutely no selectivity or discrimination in consideration of human rights issues nor should particular countries be targeted because their policies do not conform with the political line adopted by certain States;

(d) The working methods of certain treaty bodies and of special rapporteurs, representatives and chairpersons of working groups should be reviewed with a view to ensuring that their work is conducted with the neutrality, impartiality, objectivity and transparency required;

(e) The process for the selection of special rapporteurs, representatives and independent experts should be reviewed with a view to ensuring equitable and wider geographical representation and to striking a balance among the various geographical groups;

(f) The personnel structure of the Office of the United Nations High Commissioner for Human Rights should be overhauled in order to create a staffing structure that is diverse, balanced and enjoys equitable geographical distribution;

(g) Special rapporteurs and representatives should be asked to confine themselves to their mandated duties and refrain from going into topics and issues that have nothing to do with their duties. They should not be influenced by the political positions of the States to which they belong;

(h) The independence, objectivity, impartiality and discretion of special rapporteurs, representatives and chairpersons of working groups must be assured in carrying out their mandates;

(i) Specific limits should be placed on the powers of special rapporteurs, representatives and the chairpersons of working groups;

(j) The threat of military intervention should not be used nor should there be interference in the internal affairs of States under the pretext of protecting human rights in any State;

(k) An environment should be created that is conducive to mutual understanding and dialogue between special rapporteurs, representatives and the chairpersons of working groups and the States concerned;

(l) There can be no doubt that dialogue and cooperation among States, dialogue between civilizations and cultures, mutual respect and the disavowal of confrontation, the imposition of sanctions and interference in the internal affairs of States will lead to the creation of an international environment conducive to the promotion and protection of human rights.